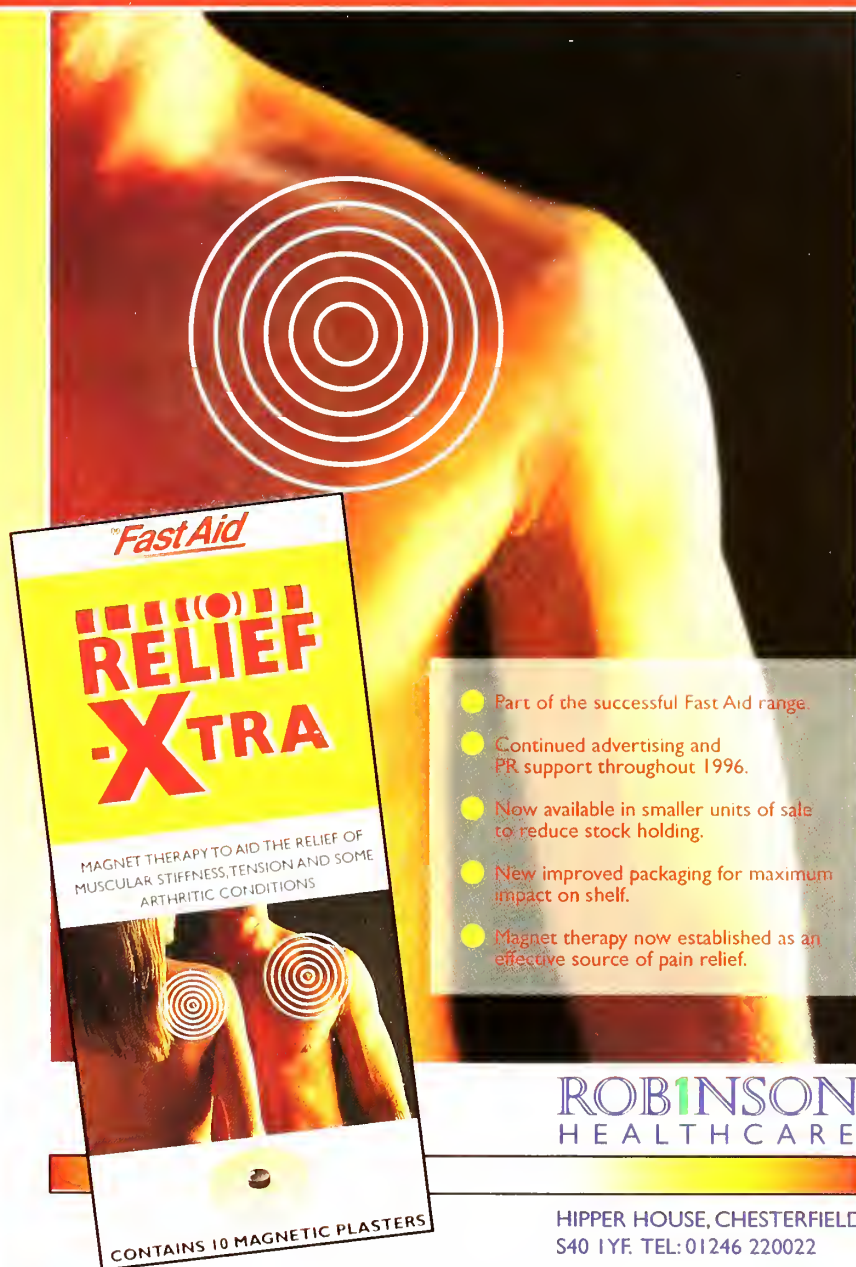


CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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9 December 1995

HEA study looks at primary care role

Pharmacist thief branded a 'disgrace'

The year in review: how was 1995 for you?

Making Christmas easier to swallow



Pharmacy 2015: a taste of the future

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The Health Education Authority has commissioned the Pharmacy Practice Research Resource Centre to investigate the nature and extent of collaboration between community pharmacists and other members of the primary care team. It is not a large project, attracting a grant of only around £12,000, but the topic and its originator make it of considerable interest. The PPRRC is keen to take it on, since, as its R&D director bluntly puts it, more of this kind of thing means pharmacy is less likely to be left out of future NHS strategy documents. Strategic research such as this is an investment because it will make for informed policy decisions. Health commissions are increasingly going to support evidence-based practice.

It is for these reasons that practice research is so important, even though it may seem a long way removed from the everyday concerns of community pharmacists. The Royal Pharmaceutical Society has its own practice research fellow, Boots sponsors practice research posts at schools of pharmacy, and there are chairs at a number of universities. The NPA and PSNC have both in recent times commissioned research of their own. All this indicates that major organisations recognise its importance. Despite this progress, there are still relatively few people working in the field. One reason is funding. 'Pump priming' money from the Department of Health is coming to an end, and much work is dependant on short-term contracts from health authorities. Long-term funding is very limited.

Another difficulty is that much of the information sought and the results obtained can be commercially sensitive, meaning the work is never widely publicised. Researchers need to work to overcome these barriers if the true worth of community pharmacists' work is to be realised.

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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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UCA gets the Wright man as new president

The Ulster Chemists' Association has elected Peter Wright as its president for 1996. Sam Wilkinson becomes vice president.

Mr Wright is keen to maintain the Association's profile in the Province. "Over the last number of years, the UCA has been much more pro-active. We have built up a momentum in the Province, making pharmacists aware that we are there to provide something for them," he says.

One of the UCAs prime tasks, he feels, is to appraise pharmacists of changes in the NHS, in particular the increasing emphasis on pharmaceutical care.

"This market, at the end of day, is open to tender. The dispensing function is not something the Government is interested in – it's pharmaceutical care in the community.

HEA researches multi-disciplinary teamwork

The community pharmacists' role in the primary healthcare team is to be investigated by the Health Education Authority.

The Pharmacy Practice Research Resource Centre has been commissioned to carry out the study, backed by over \$12,000 funding from the HEA's Multi-disciplinary Team Work Programme.

The project aims to determine the role of the pharmacist within a multi-disciplinary team and whether this collaboration has a health promotion component.

"We clearly hope this will illuminate future health promotion activity for pharmacists and that we get the opportunity to feed some of what we learn into Pharmacy in a New Age," says the HEA's pharmaceutical adviser, Michael Burden.

Over 300 pharmacists in Cumbria, Northamptonshire and Liverpool are to receive a questionnaire to help identify examples of good multi-disciplinary practice. Follow-up interviews will be conducted in the New Year,

which will canvass the opinions of a small sample of pharmacists and other members of the healthcare team.

"The HEA wanted a very qualitative approach to find out what makes people want to work together, to determine the possible barriers and what help is available from family health services authorities," says the PPRC's research and development manager and project coordinator, Jane Elliott. A draft report is expected in March.

NPA blasts PPD delays

The National Pharmaceutical Association has blasted the implementation of patient pack dispensing as "a mess which is causing unnecessary confusion for NPA members".

NPA director Tim Astill believes implementation should have been put back from December 1, "until the Department of Health could get its act together and change the Regulations".

Failure to amend contractors' Terms of Service means pharmacists can only dispense patient packs if specified by the GP and the prescription is endorsed by the pharmacist.

● The Scottish Pharmaceutical General Council is asking contractors to inform it of any products which are now appearing in patient packs, especially generics.

Which? to report next month

The next *Which?* report investigating pharmacists' advice is scheduled for its January issue.

Although the Consumers' Association will not detail which areas the report will tackle, a spokesman says it is likely to be along the same lines as previous investigations.

The latest *Which?* focuses on cold remedies, with the advice being "don't waste your money on combination remedies, treat your symptoms singly". Other advice includes: use a spray or inhalation for bad congestion; for congestion in children, try remedies which contain essential oils, such as Karvol, or children's linctus; and avoid expectorants – warm water is "probably better".

Accreditation scheme for E Norfolk

An interim pharmacy accreditation scheme in East Norfolk gets off the ground next month.

The three-month initiative aims to ensure pharmacies attain certain standards, with a \$300 payment for those who qualify.

The intention is to introduce a full accreditation scheme at the start of April. Norfolk Health's pharmaceutical adviser, Linda Wainwright, believes accreditation is necessary "to encourage high-quality pharmaceutical services, and to ensure pharmacists

can provide services tailored to local needs".

The scheme will include premises standards, but the emphasis will be on pharmacist/assistant training and participation in targeted health promotion campaigns.

Fees will be paid for premises, for completion of College of Pharmacy Practice accredited courses and for undertaking health promotion. Monies will be made available to contribute towards staff training.

In-house bid wins Welsh tender

An in-house bid by the Welsh Health Common Services Agency has won the tender for Welsh prescription pricing services.

The WHCSA's success means "pharmacists won't notice any

change", says director of business and planning David Simpson.

The contract, which begins in April, 1996, is worth an estimated \$2 million a year and ensures the job security of 130 staff.

Standard 'Euro' script on its way?

Plans for a standard 'Euro' prescription are to be drawn up in Brussels, following a meeting of the European Union's Health Council last week.

Ministers want common standards on prescriptions, generic medicines and medicinal plant preparations and have asked the

European Commission to draw up a report.

"We are perfectly happy with a study, but there could be a lot of practical difficulties," says the Department of Health. "The idea is that you could get a script in Greece and be able to hand it in at a pharmacy in Britain."

Premises fees rise goes through for January

The fee for registration of pharmacy premises is to rise from January 1, 1996.

A change to the Medicines (Pharmacies) (Applications for Registration and Fees) Amendment Regulations 1995 will result in the fee for registration of

premises increasing from \$121 to \$124. In Northern Ireland the hike is from \$64 to \$66. Annual retention fees rise from \$78 to \$80, and in N Ireland from \$59 to \$61.

Failure to pay will also incur a raised penalty: from \$250 to \$256; and from \$181 to \$189 in NI.

Temazepam progress

The Department of Health is to contribute towards additional storage costs incurred by temazepam capsules moving to Controlled Drug status.

According to the Pharmaceutical Services Negotiating Committee's latest newsletter, the DoH has made a provisional offer, likely to be a one-off payment towards the cost of installing larger, or additional, CD cabinets.

The DoH is undertaking some price checking with a view to resolution by mid-December – in time for temazepam's change in status to come into force on January 1, 1996.

Contact lens in 'Watchdog's' eye

Britain's three million contact lens wearers are at risk from a rare eye disease which can lead to blindness, according to BBC's 'Watchdog' this week.

The television programme linked *acanthamoeba* infection and subsequent eye disease among lens wearers to the use of ineffective cleaning and disinfecting solutions.

It emphasised that hydrogen peroxide-containing solutions were more efficient at killing *acanthamoeba* than those without. However, it did advise consumers not to switch from their usual solution without first consulting their optician.

The Eye Information Service also recommends pharmacists refer patients to the optician.

● Allergan is to produce consumer information cards for pharmacists to give to consumers.

Scots update

The Scottish Prescription Pricing Division will continue to accept endorsements for naproxen 250 and 500mg tablets for this month; co-amilofruse 5/40mg tablets have been added to Pt 7 of the Drug Tariff from December 1; and amendments based on price changes have been made for Trisequens and Trisequens Forte (both pack size 84 and quantity 41) which should now be used when sorting December's prescriptions.

Psychiatric leaflets

The United Kingdom Psychiatric Pharmacy Group has launched a range of patient information leaflets on drugs and mental health. A pack of 25 leaflets costs £2.50, the complete set of nine titles at £20. Contact the UKPPG, Pharmacy Department, Little Plumstead Hospital, Norwich, for further details.

Hello to Horam

Orpington MP John Horam has been appointed parliamentary secretary for health in succession to Tom Sackville. His responsibilities will include NHS supplies, complaints and the Patient's Charter.

Folic campaign

The Health Education Authority plans to arrange additional folic acid seminars for health professionals and to liaise with the NPA and the RPSGB to look at how pharmacists can contribute to its two-year folic acid campaign being launched on February 27.

Labour man to give views on pharmacy

Henry McLeish, Labour's new shadow minister responsible for pharmaceutical services, is planning to set out his views on the subject in a keynote speech in the New Year.

Mr McLeish says he is still coming to grips with the issues and has not yet taken a view on questions such as the future of prescription charges.

"I am planning to give a speech to pharmacists setting out our position early in the New Year," he says.

The Fife Central MP moved into his new role at the end of October, when Harriet Harman (Peckham) replaced Margaret Beckett as shadow secretary of state for health. Other newcomers to the team are Kevin Barron (Rother Valley) and Alan Milburn (Darlington).



Script refund claims now well over 200,000

Well over 200,000 claims for prescription charge refunds have been received from men aged 60-64 years by the claims processing unit at the Prescription Pricing Authority in Newcastle, and they are still coming in.

Prescriptions became free for men in that age group from October 20 after a European Court

equality ruling. They are able to claim refunds for the \$5.25 charges deducted since July 20. Initially claimants have been completing Department of Health coupons, but the PPA says claim forms will be available in the next few weeks.

There is expected to be a delay of several months before refunds

are received. Many letters from claimants are slowing things up.

A Department of Health spokesman said this week that there were a potential 500,000 men who may claim a refund. "All applicants who are entitled will be reimbursed, but we don't really know how long this will take," he said.

MCQ acknowledgement pack out

Acknowledgement packs for the first MCQ examination for experienced counter assistants are being sent out by the Royal Pharmaceutical Society this week.

Following the Society's extension of the registration deadline, some 3,222 packs will be sent to supervising pharmacists. This will include instructions on how the exam is to be conducted, with sample questions, and instructions for filling the answer

paper are to be given to the assistant concerned.

The exam will take place on January 25, at any time convenient to pharmacists and assistants. Candidates should use an HB pencil to complete the exam sheet, with no reference sources permitted and silence mandatory. Completed papers, pharmacist declaration forms and fee per assistant must be returned to the Society before January 26.

The Society stresses that papers bearing a postmark later than this date will not be marked.

● The College for Pharmacy Practice says it wishes to proceed to accreditation of counter assistants' courses "as rapidly as possible" to meet the RPSGB's July 1, 1996, deadline.

As such, it has announced a list of course submission dates: December 20, January 8, January 25 and February 29.

More funding going into community care

Community care has been granted another \$118 million in the wake of last week's Budget, announced Stephen Dorrell, secretary of state for health.

In addition, an extra provision of \$11m is being made available for mental health services for next year.

Mental health is also targeted as one of four priorities for the 100 new health authorities, which will receive a 3.9 per cent rise in allocations. Health authorities will also be required to cut the cost of management by \$130m, coupled with efficiency savings totalling \$650m.

DoH adopts 'neutral' stance on RPM

The Department of Health is planning a neutral role in the ongoing Office of Fair Trading inquiry into Resale Price Maintenance for medicines.

In a series of Commons answers, health minister Gerald

Malone said the Department had received no representations calling for the abolition of the scheme. "We are remaining agnostic. We will wait and see what the OFT says," the DoH comments.

MP backs PSNC stance in pay delay

A Labour MP is backing the Pharmaceutical Services Negotiating Committee's push for a shorter timescale in payment for scripts sent to the Prescription Pricing Authority.

Raising the matter in the House of Commons this week, Wolverhampton MP Dennis Turner touched on PSNC's anxieties "and the cash flow problems that pharmacists are facing because [health minister Gerald Malone's] Department is an extremely bad payer". He called for the Government to "pay the people the money it owes them".

How was it for you?

Despite the hard times for community pharmacists in 1995, the year looks like ending on a high note, with the profession determined to turn the corner, aiming to achieve better services for its customers and a fairer deal for itself, reveals a *Chemist & Druggist* straw poll

While the question 'Was 1995 a good year for pharmacy?' stimulated most community pharmacists to list a series of major problems, it also demonstrated the resilience of the profession in coping with day to day difficulties.

Official warnings on products such as oral contraceptives and headlice preparations, prescription charge difficulties and the redesigned FP10 prompted hardly a mention from the pharmacists canvassed – they, it seems, had taken such matters in their stride.

Threats to Re-sale Price Maintenance and the absence of consultation from the Medicines Control Agency before it switched products from Pharmacy only to general sales were the major concerns. But topping the list was the unsatisfactory nature of pharmacy remuneration and its business repercussions.

Lincolnshire pharmacist Keith Swann said it had not been a good year for pharmacy contractors. They had continued to see a whittling away of the profit margin on dispensing and this was having a serious effect on many pharmacists.

Mr Swann felt that the idea of budgets devolved to family health services authorities had worked well in some areas – but

not in others – and he was critical of the differing amounts being obtained by pharmacists for the same task.

Local developments did, however, enable community pharmacists to have greater contact with the new health authorities and with general practitioners.

Royal Pharmaceutical Society Council member Hassan Argomandkhah highlighted the positive side of the argument: through devolution many local pharmaceutical committees had been able to tap into funds not previously available.

Devon pharmacist Dennis Millington's analysis of the annual remuneration was that, as usual, it carried "some pretty grim figures".

He saw devolved budgets as a divide and rule tactic by the Department of Health, expressing the belief that it would have been better for the profession to have stood its ground and resisted them altogether. In Devon, it had taken approximately nine months just to reach an agreement on payment for nursing home services and out of hours work.

Wally Dove, the chairman of the National Pharmaceutical Association, was in not much more of an upbeat mood. While he didn't wish to discourage younger pharmacists, he did find it easy to list the horrors of 1995. Firstly, there had been yet another remuneration settlement which did not reflect the prescription volume increase year on year.

He felt the Government had to recognise that it had reached the limit on that and suggested it was time to put sterile arguments about old remuneration issues "behind us". He wanted more open talks with the Doh and mechanisms which enabled community pharmacists to receive a share of the efficiency savings which they obtained for the NHS.

The devolution of budgets, he

labelled a "political manoeuvre" by the Department.

Bolton's Jean Rothwell, secretary of the Association of LPC Secretaries, also pointed to growing inequalities in remuneration. London pharmacists appeared to be receiving good offers, whereas those in some other parts were having to look round for sparser funding.

RPSGB Council member Hemant Patel was far more critical. He described the devolution of budgets to FHSAs as an "utter nonsense". One pound's worth of time had to be invested in negotiations to earn a pound – by the time the agreements were finally struck, it had become a loss-making exercise.

He felt that PSNC negotiators had accepted an ever-decreasing threshold, contrary to the decision of the majority. The profession had "blinked, when we shouldn't have", he said.

"People say I don't smile. There's a good reason why I don't," he added, predicting that many community pharmacists would need little persuasion to quit, particularly those in metropolitan areas, where threats to the viability of pharmacies were increasing.

Mr Patel's overall view of 1995 was that it had seen an increase in stress and a decrease in income.

Bristol community pharmacist Susan Ramsdale also referred to increasing stress levels. Protocols meant that the pharmacist was spending more time with customers, but this meant less time in the dispensary, coupled with a cost element.

She was one of several to acknowledge that the threat from superstores was not fading away. The picture would be dire if the RPM debate was lost.

On this topic Mr Dove urged some of the national pressure groups which had been making assertions to re-examine the true repercussions occurring from any change.

But it was not all gloom. The

'Pharmacy in a New Age' initiative was mentioned by a number of those canvassed and, while the initiative was welcomed, it was generally agreed that it was early days.

On the rural front, Mr Millington welcomed recent decisions by the appeals authority. But both he and Mr Swann pointed to more tense relationships with rural general practitioners, with many of the difficulties stemming from judicial reviews of the so-called Clothier loophole, added Mr Swann. Mr Millington suggested that LPCs and LMCs

would have to agree to differ.

Peter Jenkins reported good progress in South Wales with a needle exchange scheme and with local doctors and pharmacists in instigating prescribing from an agreed formulary for more urgent prescriptions.

Belfast pharmacist John Tweed

said 1995 had been hard work in trying to please everybody. On dispensing, he said: "We give good value to the customer for what we get and the Government obtains good value, too."

"From now on we should be paid for the extra things we do," he said.

David Bolton, chairman of the Scottish Executive, reported progress on devising a research and development strategy for pharmacy in Scotland, and in the drawing up of a set of guidelines for the supervision of methadone consumption.

As far as next year and the future were concerned, there was a general feeling that the shape of pharmacy will change considerably.

Mr Millington predicted a good future for the profession. "It is going to be entirely different," he said. But with possibly more input from hospital pharmacists, he wondered where exactly this would leave today's community pharmacist?

Mid-Glamorgan's Mr Jenkins summed up the grass roots' opinion of 1995 with this sentiment: "I wouldn't be in community pharmacy unless I was an optimist, especially at this time."

I wouldn't be in community pharmacy unless I was an optimist, especially at this time

PSNC negotiators had accepted an ever-decreasing threshold, contrary to the decision of the majority

Guy Thompson



● **Qualified** in 1985 after graduating from Portsmouth Polytechnic and completing pre-reg at Hereford County Hospital.

● **Career** Continued at the same hospital as a basic grade pharmacist for a year, followed by a brief stint as dispensary manager at Chave & Jackson in Hereford. Managed the Blaina branch of TH Pritchard & Son in Gwent for just under five years. In 1990, he became superintendent pharmacist at Ebbw Vale Consortium, pharmacies co-owned by Boots and the National Co-op Chemists, and was seconded part-time to the Welsh Prescribing Support Project as primary care pharmacist. His career took another turn in July this year when he became pharmaceutical adviser for Hereford and Worcester FHSA.

● **Projects** As a member of the Gwent pharmacy working group (set up by the LPC and FHSA), Guy helped to develop health promotion protocols and two pharmacy roadshows; appointed to the advisory board of the Valleys Health Group to evaluate multi-disciplinary healthcare; co-ordinated health promotion pilot project as LPC member (and vice chairman 1994/95).

● **Committees** See above; also secretary of Gwent branch of the Royal Pharmaceutical Society; chairman of community group of the Welsh Committee for Post-graduate Pharmaceutical Education; member of Gwent district pharmaceutical advisory committee; and the Welsh pharmaceutical committee.

● **Interests** Watching rugby and football – keen supporter of Manchester United and Germany; photography and computers.

● **Outlook on life** Follows Ambrose Bierce: "Optimism is an intellectual disorder yielding to no treatment but death; it is hereditary but not contagious."

● **Pharmacy philosophy** Guy believes the problem with pharmacy is one of attitude, with a degree of cynicism and mistrust from community pharmacy. "Pharmacy is too fragmented. It needs to evaluate its own activity and demonstrate the benefits of an expanded role for the future."

Getting rural hostilities in perspective

Last week, I read an article in *The Guardian* which accused rural communities of the racial harassment of ethnic minorities. However, the article omitted to mention that these communities are traditionally antagonistic to almost any intrusion which disturbs the equilibrium of their conservative existence.

Mr Sutaria and his recently-opened pharmacy in Crawley Down, West Sussex, have been experiencing this rural hospitality, with intimidation aimed at dissuading him from continuing (*C&D* December 2, p804). But this is not a case of racial motivation, more a case of a frightened community fighting to preserve the medical status quo under the threat of a reduction in medical services.

Of course, the story is familiar, with no validity in the medical scare stories, and the tale of dispensing profits being disbelieved by the community as the real motive behind their doctors' opposition to the opening of a community pharmacy.

Historically, pharmacists have had a difficult time convincing rural communities of the truth of their arguments, but the events in Crawley Down have reached the point where, quite rightly, PSNC is to intervene and make a formal complaint to the secretary of state for health, Stephen Dorrell. It remains to be seen whether he will reply positively or employ normal ministerial fudge tactics, but one recent event may persuade him that intervention may at last be required.

The real extent of doctors' dispensing profits have been recently publicly exposed by the three and half-year jail sentence given to a Rugeley dispensing doctor for embezzling an estimated £700,000, at up to £50,000 per annum, part of which was his partners' dispensing profits.

Now £50,000 is the gross income the average community pharmacist could expect from his NHS contract and this dispensing practice did not even notice its

Topical Reflections

absence! Fifty thousand pounds will provide an excellent pharmaceutical service to the citizens of Crawley Down with no detriment to medical services!

That time of year ... again!

Christmas is almost here, and, as December progresses, predicted flu epidemics, siege mentality prescriptions and last-minute shopping once again dominate my thinking, with the less predictable world of politics put on the backburner until the New Year.

But this year the holiday honeymoon threatens to be shorter than usual, with constant exhortation to think seriously about my future, and predictions of Armageddon if I do not immediately revolutionise my practice.

Yes, I am concerned about my professional future, but it is a problem that has been debated *ad nauseam* all my professional life and, despite the doom and gloom of all those years, still I survive and, dare I say it, continue to enjoy my work and prosper in the challenging environment of competitive professionalism.

Revolution is not the answer and, to a good businessman, decisions are like taking coals to Newcastle, something I do every day of the week. But I have never resented dirtying my hands with business and genuinely feel that the success of my company has enhanced, not hindered, the development of my professional career.

Certainly my customers seem to agree with me and they are my final arbiters, but still I am not opening on a Sunday, even Christmas Eve, and, yes, I am looking forward



to a thoroughly deserved full three days off to unwind. However, I still expect to be called out by our extremely efficient local out of hours call-out system, but then that is the price I pay for actually developing local service rather than just talking about it. But as I said ... Christmas is nearly here.

It won't do!

December rage! "I'm sorry but an owing slip will not do, I will have to try another pharmacy. The doctor told me I must collect all 13 packs of Logynon together; he told me some pharmacies keep the remainder!"

MEDICALmatters

New paracetamol-methionine on the way from Penn Pharmaceuticals

A new paracetamol plus methionine combination product will hit the market in January at a "comparable" price to existing paracetamol-only products. The licence for Penn Pharmaceuticals' Paradote – containing 500mg of paracetamol, plus 100mg of methionine in a film-coated capsuloid tablet form – came through this week.

The product aims to minimise deaths attributed to paracetamol (220 in England and Wales in 1992) by preventing liver dam-

age associated with overdose.

However, Smithkline Beecham, which BBC's "Here and Now" programme last week implied was reluctant to promote its paracetamol-methionine combination, Pameton, maintains that, for the majority of UK paracetamol users, there is nothing to be gained from the presence of methionine.

Mike Gates, SB's acting director of consumer healthcare communications, points out that Pameton use is primarily in areas

of high risk, such as mental hospitals and the prison service. He adds that not enough is known about the long-term effects of methionine.

The minister for health, Gerald Malone, concurs. In a written answer to a question from Labour MP John Battle, he said: "There are no plans to make the inclusion of methionine in paracetamol-containing products mandatory. At the recommended doses the addition of methionine provides no benefit."

New guidelines on perennial rhinitis

A new set of guidelines has been drawn up to help raise awareness of perennial allergic rhinitis among GPs, and to improve the quality of patient care.

It is estimated that perennial rhinitis affects one in six people, sometimes severely, and its incidence is rising. Although it is said to be the most common chronic disease seen in general practice, it is undiagnosed in more than a third of patients. As a result, the British Society of Allergy and Clinical Immunology ENT subcommittee and a group of GPs with an interest in rhinitis have drawn up the guidelines.

Treatment of prolonged rhinitis begins with allergen avoidance. The most common allergens in perennial rhinitis are house dust mites, furry domestic pets, irritants such as wet paint or cigarette smoke, or work hazards such as wood dust, glues, volatile cleaning materials and solvents.

Current drug therapies of choice are topical corticosteroid nasal sprays, prophylactic sodium cromoglycate and the newer, non-sedating antihistamines. The guidelines recommend corticosteroids and cromoglycate as first-line treatment for most patients as they affect the underlying allergic process. Antihistamines and local decongestants have very little or no effect on nasal blockage, offering only symptomatic relief.

Immunotherapy is an option for patients who fail to respond to conventional therapy. Surgery is only used after all medical treatment has failed.

CDs associated with higher pharmacy costs

Controlled drugs are associated with higher pharmacy costs than non-controlled drugs, according to a study in the *British Journal of Medical Economics*.

Andrew Moore, a pharmacist at the Northern General Hospital, Sheffield, investigated the additional costs associated with handling controlled drugs by the hospital pharmacy over a month. Costs were divided into staff,

consumables (labels, registers and packaging materials) and storage.

For every 10,000 dose units of controlled drugs prescribed, the pharmacy costs were between \$690 and \$3,600 more than if a non-controlled drug had been prescribed. The variation relates to whether the cost of storage is calculated over the study period alone or the life of the units.

A Mediterranean diet is the secret of a longer life

People in European Mediterranean countries live longer despite a high prevalence of smoking and gaps in the health service. A new study, published in the *British Medical Journal*, suggests that the traditional Mediterranean diet could be the explanation for this paradox.

Researchers assessed the effect of a specific dietary pattern on the overall survival of 182 elderly residents of three Greek villages. A nutritional pattern, reflecting the Greek version of the Mediterranean diet, was found to favourably affect their life-expectancy.

Food consumed by the villagers included large quantities of wholegrain bread, and cooked meals, soups and salads rich in olive oil in which vegetables are consumed in large amounts. Intake of milk is rather low, but consumption of cheese and, to a lesser extent, yoghurt is high; feta cheese is regularly added to most salads and stews. Wine is consumed in moderation and almost always during meals.

Dothiepin abuse in Dublin area

Health workers in Dublin have identified abuse of the tricyclic antidepressant dothiepin by a "considerable population of intravenous drug misusers" in the Greater Dublin area.

In a letter to the *British Medical Journal*, they report how a self-report questionnaire administered at a programme of low-dose methadone maintenance and harm reduction found that 46 per cent (38/83) of the clients had misused the drug orally in the previous six months. The amount taken varied from 150-600mg. When used to treat depression the recommended daily dose of dothiepin is 75-150mg.

The patients misusing dothiepin reported euphoria and sedation with complex visual and auditory hallucinations. The experiences were described as pleasant.

A recent report had concluded that tricyclic antidepressants (and major tranquillisers) have no dependence liability and no abuse potential of any clinical importance. However, the Irish workers disagree and say clinicians should be aware of the misuse potential of dothiepin and other similar compounds.

PRESCRIPTION SPECIALITIES

Novo simplifies animal insulin range over two years

Novo Nordisk is simplifying its animal insulin range in two stages.

Rapitard MC and Semitard MC, the company's two least-used insulins, are being discontinued at the end of September, 1997. The company says their use has decreased by about 40 per cent over the last five years. Only about 2,200 people will be using them by the end of 1995 and this would be expected to fall to about 1,000 by the end of 1997.

Over the next few weeks, relevant healthcare professionals and patients groups will be briefed about the changes. In addition, from April, 1996, all packs of these two insulins will carry flashes advising patients of the discontinuation.

The company is also carrying out a two-stage clinical programme to establish the insulin

regimens to which Rapitard MC and Semitard MC patients could be transferred. The first stage will be a preliminary pharmacokinetics study evaluating suitable alternatives and this will be followed by a clinical transfer trial.

However, the British Diabetic Association has undertaken a Europe-wide survey to determine the demand for animal insulins in the hope that it can reverse Novo Nordisk's decision.

● In response to demands from patients and healthcare professionals, Novo Nordisk is adding the prefix 'Pork' to brand names of porcine insulins to clearly differentiate them from the equivalent human products. Pack flashes, advising patients of the name changes, will appear from January, 1996.

Novo Nordisk Pharmaceuticals Ltd. Tel: 01293 613555.



Recommend
them until you're sore
in the throat.

Then take one.

Increased profits and fast relief for severe sore throats come from Marion Merrell Dow Lozenges. Their active ingredient, CPC, kills 99% of throat and mouth bacteria within 5 minutes,⁽¹⁾ giving proven rapid antibacterial efficacy tailored to your customers' needs. And as one of the most profitable lozenges in Pharmacy, they make the best use of your display space and shelf space.

Make them your No. 1 recommendation this winter.



MARION MERRELL DOW



Merocaine[®]

Cetylpyridinium Chloride, Benzocaine

INFORMATION FOR PHARMACISTS. ACTIVE INGREDIENTS: Cetylpyridinium Chloride 1.4mg Benzocaine 10mg **USES:** Relief of pain and discomfort of throat infections. **DOSE:** Adults and children over 12 years. One lozenge every 2 hours as needed but not more than 8 in 24 hours. **CONTRAINDICATIONS:** Hypersensitivity to ingredients. **USE IN PREGNANCY:** No data but cetylpyridinium chloride widely used without apparent ill-effects. **SIDE-EFFECTS:** Urticaria or other allergic reactions very rarely, transient burning sensation of mouth rarely. **LICENCE HOLDER:** Marion Merrell Dow Ltd, Lakeside House, Stockley Park, Uxbridge, Middlesex, UB11 1BE **PL NOS/LEGAL STATUS/PRICE:** PL4425/0028, P. £2 15 **DATE OF PREPARATION:** August 1995

(1) Richards, RME, Pharm. Jnl Vol 242 No 6536, 3rd June 1989

Twinkle, twinkle little ... snowman?



Zyma Healthcare's latest display material is set to bring festive cheer to shop windows with its seasonal twinkling snowman.

Designed to promote the company's range of winter remedies, the display comes ready to plug in.

● Television advertising campaigns are due to break soon for both Mu-

Cron and Otrivine, while poster campaigns on buses, at bus stops and close to post offices will carry Do-Do Chestyze advertising throughout the winter.

The company is also running a sampling campaign offering 400,000 packs of Bradasol Sugar Free. **Zyma (UK) Ltd. Tel: 01306 742800.**

Over on show



Janssen has introduced a new counter display unit for its threadworm treatment, Ovex.

The free, easy to assemble unit holds 24 Ovex family packs. It also incorporates a consumer leaflet holder which details symptoms, treatment and prevention of threadworms.

Janssen Pharmacy Division. Tel: 01494 450778.

No fear of flu over here

Despite news of the potential for a flu epidemic this year, a new survey from Benlyn shows that over 65 per cent said they do not stay at home when they have flu.

Women were generally more likely than men to be sensible about flu, with over a third claiming to stay at home and 43 per cent taking medication. Southerners were least likely to take medication; 25-34-year-olds were least likely to stay at home. The 65-plus age group were the most likely to visit a doctor.

Warner Wellcome Consumer Healthcare. Tel: 01703 641400.

Stick with menthol

Dipping fingers into tubs of vapour rub may become a thing of the past with the launch of J Pickles & Sons' Menthol Vapour Rub Stick.

The 40g product contains camphor, menthol and eucalyptus and is applied in the same way as a stick deodorant.



Happy holidays from Zantac 75

Designed to create a seasonal spirit and boost sales of Zantac 75, Glaxo Wellcome has produced a series of Christmas decorations.

The materials also contain an 'Open/Closed' sign as a customer guide

to Christmas opening times.

The decorations are available now from Warner Wellcome sales representatives, or by contacting:

Olivia Frith. Tel: 01689 853344.



It will retail at \$1.85. **J Pickles & Sons. Tel: 01423 867314.**

Sudocrem backs baby care

From 5.00pm on December 22, worried parents can telephone the 24-hour Sudocrem Christmas Babycare Helpline on 0181 994 9874 with any concerns about their child's health.

The line was instigated by parents' hesitation to "bother the doctor about minor ailments over the Christmas period".

The line closes on January 2 at 9.00am.

Pharmax Ltd. Tel: 01322 550550.

Nurofen guides to pain relief

The Nurofen Advisory Service has updated its consumer literature.

Designed to answer some of the most-frequently asked questions about common painful conditions – including what you can do to help yourself – the series of guides are available free of charge by sending an SAE to: **New Booklet Series, Nurofen Advisory Service, PO Box 193, Nottingham NG3 2HA.**

Christmas Opening Times

BHR will close for the holidays on December 22 and re-open on January 2, 1996. Last day for 1995 orders is December 18. First day for orders in 1996 will be January 3. Tel: 01203 353742.

Bristol-Myers Squibb Pharmaceuticals will close from noon on December 22 and re-open January 2, 1996. Ansafone: 0151 677 2201. Emergency number: 0151 604 2000.

CP Pharmaceuticals will close from 1.00pm on December 22 until January 2. Orders received by December 18 will be delivered before Christmas.

Tel: 01978 661261.

Evans Medical will be closed on December 25 and 26 and January 1. A skeleton staff will be in operation on December 27, 28 and 29 to assist with emergency orders. The last delivery date for controlled drugs is December 21 (emergency orders may be placed for delivery on December 28). The first delivery in the New Year will be January 3. Customer services. Tel: 0345 451500.

Martindale Pharmaceuticals customer services department will be open for orders on the following days:

December 27, 28 and 29, 8.30am-4.00pm and will resume regular service from January 2. Tel: 01708 384733.

Roche Products will close at 1.00pm on December 22 and re-open at 8.30am on January 2. The last day for orders is December 18. Roche consumer services is providing an emergency service on December 27, 28 and 29 between 9.00am-1.00pm. Tel: 01707 366000.

William Ransom & Sons will close from 12.30pm on December 22 and re-open at 8.30am on January 2. Tel: 01462 437615.

New. The two best ways to treat a severe sore throat.



Amylmetacresol B.P. 2,4-Dichlorobenzyl alcohol
Lignocaine hydrochloride Ph. Eur.

Now Strepsils are adding to the success of their established lozenges, with the launch of Strepsils Dual Action. These lozenges combine anti-bacterials to fight infection with an anaesthetic to numb the pain. What's more, they have a minty, pleasant taste. Effective, palatable and a name you can trust, you'll want to make sure you stock up on Strepsils Dual Action.



Adults and children over 12 years: one lozenge to be sucked every 2 hours as required. No more than 8 lozenges to be sucked in any 24 hour period. Not recommended for children under 12 years of age. If pregnant or breast feeding, consult your doctor before using this product. If you are allergic to any ingredients listed do not use this product. Consult your doctor if symptoms persist, or if anything unusual happens. May occasionally cause allergic reactions. Keep all medicines out of the reach of children. Store in a dry place. **Each lozenge contains active ingredients:** Amylmetacresol B.P. 0.6mg, 2,4-Dichlorobenzyl alcohol 1.2mg, Lignocaine hydrochloride Ph. Eur. 10mg. Also contains: Sucrose, Glucose Syrup, Tartaric Acid, Flavoursings, Sodium Saccharin, Quinoline Yellow, Indigo Carmine. P PL/0327/0078 Crookes Healthcare Ltd, PO Box 57, Central Park, Lenton Lane, Nottingham, NG7 2LJ.

Settlers sold

Stafford-Miller has bought the Settlers brand from Smithkline Beecham. This includes one-, three- and eight-roll packs of peppermint Settlers and three- and eight-roll packs of spearmint Settlers.
Stafford-Miller Ltd. Tel: 01707 331001.

Barielle expands

Barielle, the US nail care company, has expanded its distribution to include the Weldricks pharmacy group in Doncaster. The Barielle range comprises 11 products for nails, hands and feet.
The Select Cosmetics Company Ltd. Tel: 0171 935 8980.

Ultrass offer

Clairol has launched a winter offer for Ultrass, its permanent hair colorants range. A brooch and matching earrings, worth £9.99, are available to consumers for £2.99 when they buy a special promotional pack of the hair colorant.
Bristol-Myers Co Ltd. Tel: 01895 628000.

PP sales rise

Pretty Polly has announced a 40-50 per cent increase in sales of hold-ups and party hosiery in the run-up to Christmas.
Pretty Polly Ltd. Tel: 01623 552500.

AFB wins licences

Sunglass company Alfred, Franks and Bartlett (AFB) is launching five new character licensed product ranges next year: Disney and 'Baywatch' sunglasses, Bassett's Jelly Babies nursery accessories, Disney hairbrushes and Puppy/Pony/Teddy-in-my-Pocket hairbrushes and hair decorations.
Alfred Franks & Bartlett plc. Tel: 0181 364 9944.

Maws give-away

Maws is giving away 135,000 of its safety weaning spoons in a cover mount on this month's edition of *Mother & Baby* magazine.
Maws. Tel: 01438 355500.

Deeper conditioning from Pantene



Out to demystify and simplify the intensive conditioning sector, Procter & Gamble is introducing new Pantene Pro-V Intensives.

The range comprises three products which all contain Pro-Vitamin B5: Replenishing Creme, Deep Moisturising Treatment and Strengthening Serum Spray.

Replenishing Creme (150ml tube, £2.99) is suitable for both frequent use and as an intensive conditioning

'top-up' for hair, says the company.

Deep Moisturising Treatment (150ml tub, \$3.65; 25ml sachet, \$0.99) is for dry, damaged or processed hair and is left on for five minutes; while Pro-V Strengthening Serum (30ml spray, \$4.65) is a leave-in product which was originally developed in salons to counteract any damage caused by perming or chemically treating hair.

Procter & Gamble (Health & Beauty Care) Ltd. Tel: 01932 896000.

In the pink with Cacharel

Parfums Cacharel is already thinking ahead to Mother's Day (March 17) with news of its latest gift with purchase promotion.

From February 5, every 50ml eau de toilette spray of Anais Anais purchased will

warrant a free large pink grosgrain bag, which has long handles and a silver zip and is embossed with the Anais Anais flower motif.

The offer will run as long as stocks last.
Prestige & Collections Ltd. Tel: 0181 979 6699.

Bigger baths from Sanex

Following the recent launch of two deodorants in its Sanex toiletries range, Sara Lee is now introducing a bigger size foam bath.

The 750ml family size bottle retails at £2.99.

The entire Sanex range is to be backed by a new TV advertising campaign, breaking in February.
Sara Lee UK Ltd Household & Personal Care. Tel: 01753 523971.

Unichem's allergy answer

Unichem has introduced a new range of anti-dust mite bedding for sufferers of asthma, eczema and rhinitis.

The range comprises: pillow (\$9.95), pillow protector (\$5.50), mattress protector (single, \$20.50 and double, \$26.95) and duvet protector (single, \$20.50 and double, \$27.95).
Unichem plc. Tel: 0181 391 2323.

Nicotinell's stuck on television

A new £500,000 advertising push has just broken on Channel 4 for Zyma Healthcare's Nicotinell Gum.

The advertisement focuses on the gum's palatability, with the tagline 'No tastier way to quit'.

Zyma is also launching a £2.1 million press campaign for the Nicotinell patch. There

are two versions, both with an educational objective. The print ad breaks on December 26 (and will run until March).

New POS material to support these marketing initiatives, including giant packs and informative showcards, is available.
Zyma Healthcare. Tel: 01306 742800.

Looking ahead and seeing red with Yardley

Yardley is looking ahead to Valentine's Day with news of a forthcoming promotion on its So ...? fragrance.

Throughout February, when consumers spend over \$7.90 on items from the So ...? range, they will be entitled to a free red lipstick.

The range comprises: 20ml perfume spray (\$5.95), 30ml perfume spray (\$7.95), 50ml perfume spray (\$10.95) and 100ml body spray (\$1.99).

Yardley of London. Tel: 01268 522711.

Monsoon conjures up a soap storm

The Monsoon perfumed body range is being extended with the introduction of a soap.

A vegetable glycerine-based product, it is coloured green and presented in a blue translucent dish. The soap bears the Monsoon symbol, while the travel dish is embossed with copper foil. It is packaged in a textured blue and aquamarine carton.

It will be available from January and will retail at \$8.95.

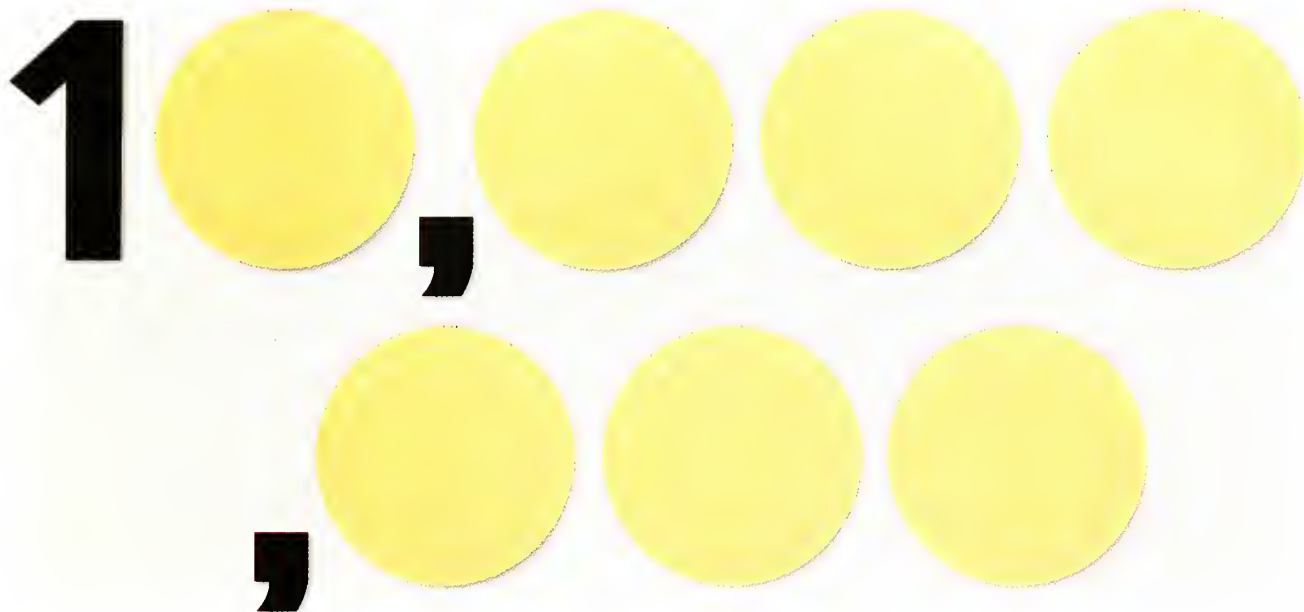
Coty (UK) Ltd. Tel: 01734 302302.

Spray it again with Adidas



Coty's Adidas brand is extending its men's toiletries line with a new Anti-Perspirant Spray. The new item will be available in two variants,

Sport Fresh (green) and Active Fresh (blue) – a 150ml can will retail at \$2.29.
Coty UK Ltd. Tel: 01734 302302.



With this many smokers in Britain wanting to quit, we'll make sure your sales light up.

And how will we hook them? Firstly, by launching a massive £4.5 million ad campaign to teach smokers how

Nicotinell patches work. Which means doubts about the relative harm from nicotine should go up in smoke. Secondly, by introducing a brand new, great tasting Nicotinell gum. And thirdly, by helping you to help

your customers, with POS material and product information guides. We're already brand leaders with



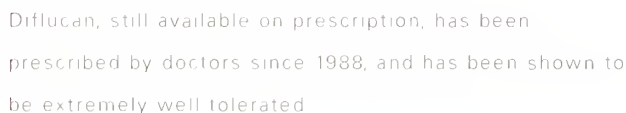
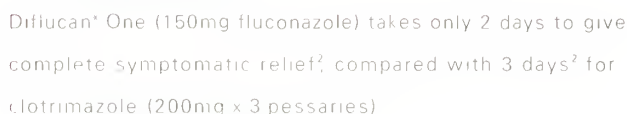
59% of the patch market, and this new drive will leave the competition fuming. So make sure you're well stocked up with packs of Nicotinell Patches and Nicotinell Gum. You'll be amazed how many you get through.

PRESENTATION Transdermal Therapeutic System containing nicotine, available in three sizes (30, 20 and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. Nicotine chewing gum containing 2mg nicotine, in original and mint flavour. **INDICATION** Treatment of nicotine dependence, as an aid to smoking cessation. **DOSAGE** Stop smoking completely when starting treatment. **PATCH** For those smoking more than 20 cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes 30, 20 and 10cm² permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each size. Doses above 30cm² have not been evaluated. The treatment is designed to be used continuously for three months, but not beyond. However, if still smoking at the end of the three month period, further treatment may be recommended following a re-evaluation of the patient's motivation. **GUM** One piece of gum to be chewed when the user feels the urge to smoke. Normally, 8-12 pieces per day, up to a maximum of 15 pieces per day. After 3 months, the user should gradually cut down the number of pieces chewed. **CONTRAINDICATIONS** Non smokers, occasional smokers, children under 18 years. As with smoking, NICOTINELL is contraindicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases preventing patch application and known hypersensitivity to nicotine. **PRECAUTIONS** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. **KEEP OUT OF THE REACH OF CHILDREN AT ALL TIMES**. **SIDE EFFECTS** Smoking cessation causes many withdrawal symptoms. Events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. **NICOTINE PATCHES** Most common adverse effects are reactions at the application site (usually erythema or pruritus). **NICOTINE GUM** May cause throat irritation, hiccuping, minor indigestion or heartburn. **LEGAL CATEGORY** P. **PACKS** NICOTINELL TTS 10 (PL0001/0173) in packs of seven patches, trade price £8.21, retail price £14.47. NICOTINELL TTS 20 (PL0001/0174) in packs of seven patches, trade price £8.64, retail price £15.22. NICOTINELL TTS 30 (PL0001/0175) in packs of seven patches, trade price £9.07, retail price £15.99. NICOTINELL Original Chewing Gum 2mg (PL0001/0195) and NICOTINELL Mint Chewing Gum 2mg (PL0001/0197) in packs of 24, trade price £2.57, retail price £4.50, and packs of 96, trade price £7.70, retail price £13.50. ® denotes registered trademark. PL HOLDER: Ciba-Geigy plc, Macclesfield SK10 2NX. Further information is available from Zyma Healthcare, Holnwood RH5 4NU. DATE OF PREPARATION: October 1995. 1294/655





88% of women patients
are already sold on it.¹



contains fluconazole

* 11,601 MALE

Pfizer Consumer Healthcare

Elida Fabergé relaunches lipid-enriched Derma Care



Elida Fabergé is relaunching its Vaseline Intensive Care Derma Care dry skin brand with a new lipid-enriched, hypo-allergenic formulation.

A new white pack livery accompanies the reformulation.

The relaunch is to be supported by a \$2.6 million TV campaign which breaks in January and runs through to the end of February, the peak winter 'dry skin season'.

Elida Fabergé. Tel: 0171 486 1200.

The little pink bunny means business this Christmas

Duracell's famous pink drumming bunny is hitting the streets this Christmas as part of a national 48-sheet poster

campaign. There are three posters, carrying funny headlines, such as 'A Duracell bunny is for life, not just for

Christmas'. Posters will appear on December 11 for two weeks.

Duracell UK Ltd. Tel: 01293 517527.

Smithkline Beecham's Oxy update

The Oxy medicated skin care range has been repackaged.

SB says the brand holds a 31.9 per cent

share of the medicated skin care market.

Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.

ON TV NEXT WEEK

Alka-Seltzer: All areas

Duracell: All areas

Nicotinell Gum: C4

Nurofen Cold & Flu: All areas

Pepcid AC: All areas except U, B, CTV, CAR, GMTV

Remegel: B, G, W

Rennie: All areas

Seven Seas Cod Liver Oil: C4

Strepsils Dual Action/Strepsils: C4, GMTV, BSkyB

The Wrigley Company: All areas

Tixylix range: All areas except CTV

Vicks Action: All areas

Vicks Ultra Chloraseptic: All areas

Wash & Go: All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

LETTERS

Not all rosy at the shop front

It shocks me to read that the chairman of the PSNC, responsible for ensuring that pharmacists receive adequate remuneration for their services, had to do a 'return to practice' course. It demonstrates what I have long suspected, that the PSNC is out of touch with reality of the lives of community pharmacists in 1995. I suppose it is a relief to know that now the chairman realises it too.

How dare he criticise other pharmacies for their attempts to maintain their income in as many ways as possible, eg from ear piercing to D&P, when their NHS income is falling in real terms. How dare he also state that he is determined not to rely on the NHS for the bulk of his income.

It is this mentality that has created the

present situation where we are providing patient compliance aids, home deliveries, patient counselling, repeat prescription collection, welfare milk, patient information leaflets and advice to GPs for no remuneration, just to hold on to the business that we have got.

We are also dealing with registered drug addicts, providing a syringe/needle exchange, 24 hours oxygen delivery service and maintaining patient medical records for very little remuneration.

Pharmacists are at last using their expertise appropriately in the community, as part of the community healthcare team. No longer should it be necessary for us to sell hairbands and tights just to make a living, yet here we have the chairman of our negotiating committee carrying on as though none of the changes

have happened, and boasting about setting up a pharmacy that depends on the front shop for its economic survival. Opening such an outlet would have been appropriate ten years ago. Times have changed.

The community pharmacist (trained at Government expense) deserves a full-time professional job spending all his/her time being a pharmacist. This opportunity is within our grasp.

Unfortunately, Department of Health officials visiting these premises will come away with a very different experience of pharmacy in the community at the moment.

I hope the PSNC will ensure that these officials are given a more accurate picture of what is happening in most of our community pharmacies today.

Community pharmacists have got

to take the plunge and give up this outdated model of pharmacy. Most of our counter trade has been taken away from us, anyway! GPs, nurses and other primary healthcare workers rely on the NHS for the bulk of their income. Why not pharmacists?

I look forward to hearing how the sales of his perfumes, agency cosmetics and baby products go. If it was a surprise that he only used two bottles in the dispensary in the first two weeks, he has a lot of surprises still to come!

Frank Judge
Beckenham, Kent

Nasty rumours

Is there any truth in the rumour circulating in these parts that the Pharmaceutical Services Negotiating Committee is the same group of people that runs Yorkshire Water?
M Freeman Castleford
M Stevens Leeds

Boots loyalty card clarifications

Following the queries raised by **Xrayser** (C&D November 24), I would like to reassure you that Boots has taken the greatest care to ensure that medicines are excluded from the Boots Loyalty Card scheme.

The information leaflet regarding the Boots Advantage card, which is still on a limited area trial, clearly states that: "Points cannot be earned on prescriptions, medicines, vitamins and other supplements."

As clear supporters of RPM and the pharmacy profession, Boots the Chemists is fully aware of its responsibilities in the area of medicines and discounting, and therefore can put **Xrayser's** mind at rest on this point
Sharon Buckle
Group PR manager,
Boots the Chemists

Just how big a headache is Tension Headache?

The biggest. In fact, 74% of all headaches are Tension Headaches.⁽¹⁾ Which, when you think about the pressure people are under today, makes sense.

What also makes sense, is to recommend a *specific* Tension Headache remedy straight away. And the one to recommend is Syndol.

There is no more effective OTC treatment for your patients. Uniquely formulated for Tension Headache, Syndol contains the powerful analgesic combination of Paracetamol, Codeine and Caffeine, plus Doxylamine Succinate to ease muscle tension and bring fast relief (a clinical study showed that in 97% of Tension Headache attacks, Syndol started to work within 30 minutes).

It is a Pharmacy medicine, is strongly supported, creates extraordinary loyalty, and powerful word of mouth recommendation.

Get the benefit. Display well, recommend at once, and above all don't get caught out of stock. That's a headache you could do without.



(1) National Headache Survey, Gallup 1993

**You can't recommend
more powerful relief.**

Syndol[®]

**Paracetamol · Codeine Phosphate
Doxylamine Succinate · Caffeine**

INFORMATION FOR PHARMACISTS: Each tablet contains Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate USNF 5mg, Caffeine BP 30mg. **USES:** Treatment of mild to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, dysmenorrhoea, muscular and rheumatic aches and pains and post-operative analgesia following surgical or dental procedures. **DOSAGE AND ADMINISTRATION:** Adults and children over 12 years: 1 or 2 tablets every 4-6 hours as needed. Maximum 8 tablets in 24 hours. Not recommended in children under 12 years. **CONTRA-INDICATIONS, WARNINGS ETC.:** Contra-indications. Idiosyncrasy to any of the ingredients. Precautions: May cause drowsiness. If affected, do not drive or operate machinery. No data available in pregnancy: avoid use. Side-effects: Drowsiness or dizziness, mild constipation, agranulocytosis rarely. Overdose: Paracetamol overdose can cause liver and kidney necrosis. Immediate medical referral is essential. **LEGAL CATEGORY:** P CD (Section 5) (not prescribable under NHS). **PRODUCT LICENCE NUMBER:** PL4425/0018. **PACKAGE QUANTITIES, PRICE:** Pack of 10 tablets £1.75. 20 tablets £2.99. 50 tablets £6.19. **DATE OF PREPARATION:** November 1995. Full prescribing information is available from licence holder: Marion Merrell Dow Limited, Lakeside House, Stockley Park, Uxbridge, Middlesex UB11 1BE.

'Disgrace' over £2,500 theft

A Plymouth pharmacy manager-ess who stole £2,500 from the till of her outlet was branded "a disgrace" at a disciplinary hearing last week.

The Royal Pharmaceutical Society Statutory Committee found Janet Carter, who used to run the pharmacy at 324 Old Laira Road, guilty of "conduct unbefitting" the profession.

Mrs Carter, from Seaton Torpoint, Cornwall, had already been struck off the register for non-payment of her fees, and the Committee ruled that she should

not be reinstated without its express permission.

She had been sentenced to 12 months' imprisonment, subsequently suspended for two years, after pleading guilty to the theft at Plymouth Crown Court in April this year.

Mrs Carter did not attend the hearing for health reasons.

Josselyn Hill, solicitor to the Society, told the Committee that Mrs Carter was employed by a pharmacist, Gurmukh Rannabugardie, to run the pharmacy in October, 1991. He became con-

cerned when takings began to drop, but Mrs Carter blamed it on the recession.

On January 7, 1993, Mr Rannabugardie and his accountant discovered apparent irregularities in the outlet's books, as a result of which Mrs Carter was charged with stealing £7,506.47. She pleaded guilty to the theft of £2,500.

Committee chairman Gary Flather QC said Mrs Carter had committed a flagrant breach of trust and the profession "simply cannot tolerate" such behaviour.

Decision on Boots delayed

The decision over whether Boots the Chemists and its superintendent pharmacist flouted Council guidelines in the provision of services to patients in rural areas has been delayed.

The secretary of the Royal Pharmaceutical Society's Statutory Committee, Gordon Hockley, says a member's illness has led to the hold-up. He is hoping for a decision before Christmas, but it may not be until the New Year.

Boots is said to have continued providing a collection and delivery service in Durrington, Wiltshire, and Winterton, South Humberside, despite the opening of pharmacies in the two villages.

Labelling offences link to unlicensed wholesaler

A Hampstead, north London, pharmacist has been accused of dispensing inadequately or unlabelled drugs, after a visit by a pharmacy inspector uncovered irregularities.

Vrajesh Suryakant Patel, the owner and superintendent pharmacist of Writz Pharmacy, Hampstead, and the owner of the company Tacklink, appeared at Wells Street Magistrates Court in January last year where he pleaded guilty to three breaches of Regulations contrary to the 1968 Medicines Act, in that he kept, for the purpose of sale or supply, medical products which were wrongly labelled.

He and his company were fined a total of £1,600 with £1,992 costs after buying drugs from an illegal wholesaler based in Margate, Kent.

At a resumed hearing last week at the Royal Pharmaceutical Society, the Statutory Committee was told that Mr Patel's premises were visited by a Society inspector on March 4, 1993.

Some containers and medicinal products had the appearance of being repackaged, the inspector noted.

She told the Committee that three containers were found with Writz Pharmacy labels superimposed on original labels. In some containers Eusaprim and Septrin were mixed.

The case is one of 17 which will come before the Statutory Committee involving the supply of medicines to pharmacists by an unlicensed wholesaler named as Mr Schaffer, operating out of Margate, Kent.

Norman Greenway, chief enforcement officer for the Medicines Control Agency, told the hearing that Mr Schaffer's wholesale dealer's licence was revoked in April, 1987.

Mr Schaffer was fined a total of £7,000 after a court found him guilty of importing without a licence, mislabelling a medicinal product and possessing medicines for unlawful supply.

Janet Edgington, a senior Soci-

ety inspector, told the Committee that Mr Patel bought unlicensed drugs from Mr Schaffer, when he brought them round to the shop in the boot of his car on at least six occasions between November, 1992, and August, 1993. Miss Edgington said the sale of such medicines was illegal under European Law.

Mr Patel had admitted buying drugs from Mr Schaffer, but had stopped buying them after Mr Schaffer started causing a disturbance in his shop.

Mr Patel admitted he should have realised that accepting drugs brought in a box by Mr Schaffer from the boot of his car was a bit like accepting goods "that have fallen off the back of a lorry".

He also admitted that "it was extremely dangerous" to leave out of date medicines on a shelf as he had done, where they could have been unwittingly dispensed by a locum.

The hearing was adjourned until January 17, 1996.

£2,500 fine for dispensing wrong CD

A Hampshire pharmacist has been fined £2,500 after dispensing the wrong drug.

Ashok Rishi, whose pharmacy is in Station Road, New Milton, gave a drug addict morphine sulphate instead of methadone. He admitted before New Forest magistrates to dispensing a drug which was not the one specified on the prescription. The prosecution was brought by the Royal Pharmaceutical Society.

The patient collapsed shortly after taking the drug. She had complained to Mr Rishi after realising that she had been given something other than methadone, but was told the two substances were "almost the same".

Mr Rishi's lawyer said the mistake had been caused by pressure of work.

Mr Rishi was fined £2,500 and ordered to pay £2,187 costs.

'Cook Report' facing wholesaler action

A pharmaceutical wholesaler has commenced legal proceedings against Central Television over last week's 'Cook Report' on counterfeit drugs.

Dowellhurst Ltd was mentioned in the programme with the implication that it was not interested in the source of the product or the quality. In a statement, the company says it "has never supplied 'phoney' or counterfeit products".

The Society is seeking assurances that the MCA will investigate the programme's allegations. For stock concerns contact the MCA on 0171 273 0617/0178.

Out of date drugs ruling reserved

A pharmacist who dispensed medicines which were up to two years out of date was not "a profiteer" but a "kind and caring individual" who had made mistakes, the Royal Pharmaceutical Society's Statutory Committee was told last week.

Patrick Logan, 56, of Beckenham, Kent, should not be struck off for misconduct, as he had worked so hard for the community, it was claimed.

Philip Gaisford, representing Mr Logan, was speaking on his behalf at a resumed hearing of the Committee where Mr Logan is accused of misconduct.

The Committee had heard that a prescription made out for a female patient for antihistamine tablets was discovered to be two years out of date.

Gareth and Theodora Gates of Crawley, West Sussex, also noticed the expiry date on a roll strip containing Mrs Gates' tablets had been cut off and the corners of the strip had been 'bevelled'.

Mr Gates had been supplied with the prescription from Mr Logan's pharmacy in Greenwich, London. Society inspectors who visited his other premises in New Cross, London, on December 19,

1994, also found three packs and a plastic bottle of antibiotics with no batch number or expiry date.

The hearing had been told earlier that Mr Logan had three previous reprimands from the Society in the past 20 years, including one in July, 1987, for having out of date medicines at the New Cross pharmacy.

Mr Gaisford suggested that the Committee might postpone a decision on Mr Logan's future and order drugs inspectors to make frequent visits to his premises to monitor his practice.

Judgment was reserved.

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With the many things happening in the health-care arena here in the US, it is difficult (and probably not too wise) to attempt to predict the future.

That said, I am prepared to make predictions about some aspects of the industry, particularly about my colleagues in dispensing pharmacy settings, wholesale drugs and pharmaceutical manufacturing. Much of what I predict is based on recent and not so recent events.

There is currently a revolution in dispensing (aka retail) pharmacy, that of pharmaceutical care. I have written about it in this past year, and all signs point to the fact that it can and will become a critical aspect of the practice of pharmacy in the US. The third-party payers, who dominate the market and, to a degree, control reimbursement, have continued to drive down pharmacists' compensation by claiming that the distributive function has little, if any, value.

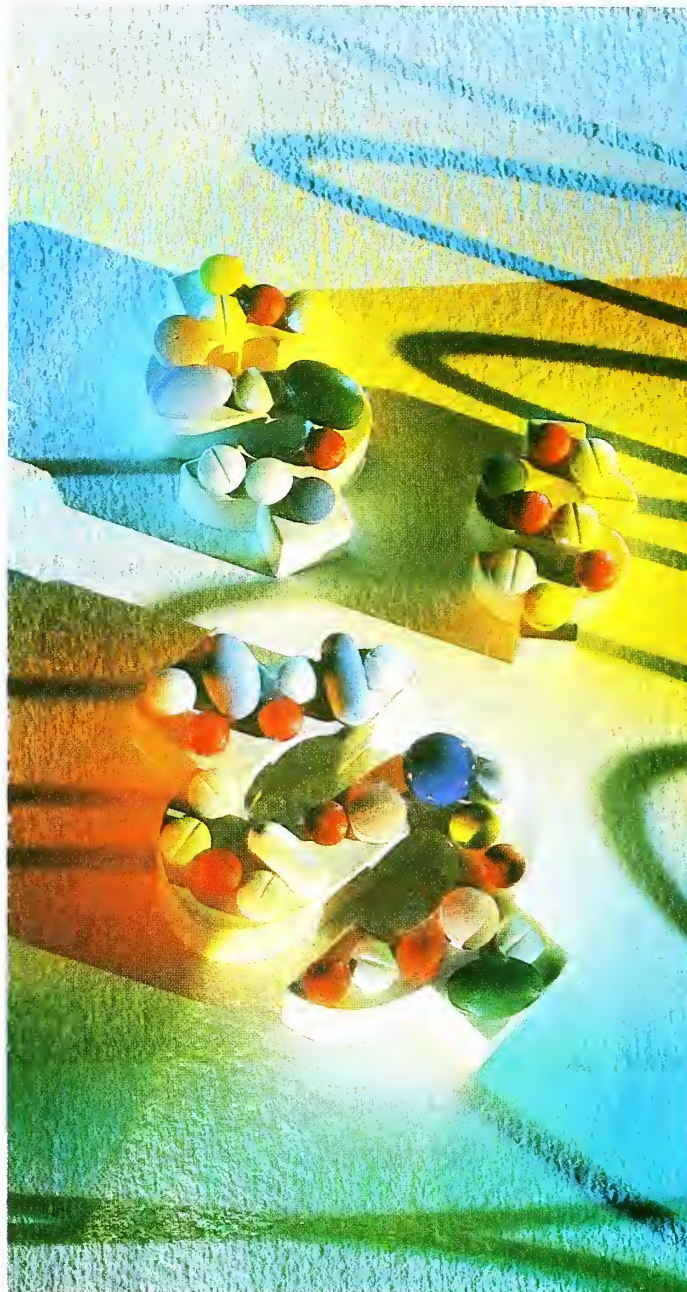
To support this premise, there are many automated dispensing systems being used, in retail and institutional pharmacy. These can dispense products as well as, or better than, any human, with the exception, perhaps, of compounded medications.

Since these represent such a small portion of prescriptions currently being dispensed (less than 2 per cent), it is quite obvious that much of what pharmacists do today – 'count and pour, lick and stick' – can and will be done by machines in the future. In wholesale, there are also dramatic changes taking place.

The 'big six'

The 'big six' wholesalers, which control 88 per cent of the entire market, are jockeying for position, buying up smaller competitors and, for the first time in many years, exploring other ways to generate income and participate in healthcare. Two vivid examples of this are the recent purchase of the Medicine Shoppes franchise (a group with more than 1,000 commonly-identified apothecary pharmacies in the US) by Cardinal Health (the country's third-largest distributor), and the purchase of Prospective Health Inc (an innovative computer-driven firm, which is heavily involved in data collection and the potential of on-line communications between physicians and pharmacists) by McKesson (the world's largest wholesaler).

These moves will no doubt have a ripple effect on everyone in the wholesale drug arena. On the manufacturing side, there is continued consolidation and merger activity taking place, with many of the US multi-



Pharmacy route '96

American pharmacy consultant Tony de Nicola looks at what is happening now in US pharmacy – and predicts what will be the buzz words in 1996

national companies forming alliances or merging with off-shore entities, particularly in Western Europe and Japan. This has created some strange and interesting marriages, with the potential for more to come.

At the same time, the generic drug market continues to grow like wildfire. More than 15 per cent of US sales (\$6 billion-plus) and more than 45 per cent of unit sales are in generics, with the prospect of this market doubling

before the end of the decade. Branded, research-based manufacturers are scrambling for new ways to earn profits and maintain market share.

The buzz word

Disease state management (partnering with managed care organisations and insurance companies) has become the buzz word of 1995. I recently participated in a conference of Japanese manufacturers in Tokyo, all of whom were singularly interested in this new activity.

Coupling these factors with recent legislation, which will impact on healthcare providers and US citizens in positive and negative ways – as well as many citizens of the US (particularly the seniors), I feel comfortable making the following educated guesses about 1996:

- managed care will continue to grow, thereby reducing reimbursements to many providers, including pharmacists and physicians, and limiting many of the choices which most Americans have long enjoyed in healthcare: choice of physician, pharmacy and even choice of hospital

- pharmaceutical care (pharmacists being paid for professional services, rather than the dispensing of products) will continue to dominate the profession, as more and more entities, trade associations primarily, become involved in trying to figure out how to get pharmacists reimbursed for their services. The answer will not be readily available and, in the interim, reimbursement will continue to go down

- consolidation in all segments will continue at a rapid pace. Independent pharmacies (which currently number only 25,000) will close or be bought out at an ever-faster rate, reducing access to prescription services for many Americans

- wholesalers and manufacturers will continue to address 'non-traditional' areas, purchasing companies outside of their normal scheme of business, to try to broaden their offerings and increase their value to the buyers of healthcare

- the US Congress will not pass any additional definitive legislation impacting on healthcare (or perhaps on anything, as 1996 is an election year).

Anthony de Nicola is a pharmacist and president of pharmacy consultants A&D Associates. He has had 25 years' experience in community pharmacy, owning two pharmacies in suburban New York. He founded and directed the Legend Pharmacy Co-operative, a network of 850 community pharmacies in 15 states for 13 years.

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LONDON

BUSINESS IS LOOKING GOOD

Captain of industry

Steve Russell took over as managing director of Boots the Chemists in August, a move which he regards both as a "considerable challenge" and as a "wonderful opportunity".

Patrick Grice finds out what this retail management highflyer has in store for the company

Love it or hate it, Boots the Chemists is one of the UK's enduring High Street names. Its logo, tweaked only slightly since Jesse Boot developed the Boots Cash Chemists business in the 1880s, is instantly recognisable to the shopping public.

And while the parent company expanded with the Ward White acquisition in 1989 and contracted with the sale of Boots Pharmaceuticals earlier this year, Boots the Chemists (BTC) has been the engine which has pulled the group through the rough times.

The past decade has seen BTC at the forefront of the retail revolution made possible by the humble PC. The year 1986 saw a major internal reorganisation into small and large store groups, and the start of EPoS installation: 1996 sees a new man at the helm and the company poised to install a new generation of technology in-store.

Steve Russell took over from Gordon Hourston as managing director of Boots the Chemists in August. An early decision to put the refurbishment of head office on hold gave him top billing on the retail management jungle telegraph, and he has remained there ever since.

He is well aware of what he has taken on. "For a long time BTC has been a major driver of performance within the Boots group. On the one hand, it represents a considerable challenge to keep that going; on the other, it is a wonderful opportunity to take charge of such a business."

In his first few months, he has already identified a number of opportunities to keep the momentum going. Sales performance is one.

"It could be by geographic

expansion," he says. "Our plans to continue to open small stores are well publicised and we are about halfway through the programme of 220. I am not necessarily anticipating that 220 will be the end of the line."

A major re-examination of property strategy is under way and due to be completed by mid-1996. The future of the business is still seen to be predominantly in the High Street. While about a third of BTC sites are owned by Boots Properties, the rest are leased from external landlords.

"The work we are doing is to understand where the footfall is going to be, and make sure our stores are sited accordingly. It does not indicate there will be any major shift in property attitude," says Mr Russell.

He also sees opportunities to drive sales up within product fields. There is a lot that can be done to develop the all year round gift offer, and parts of the baby business can be driven forward, "but perhaps the biggest and most exciting opportunity exists in our core business".

Boots has been enormously successful in the beauty and personal care sectors, despite pressure from the grocery sector. The company claims a 35 per cent

Money matters – Boots the Chemists

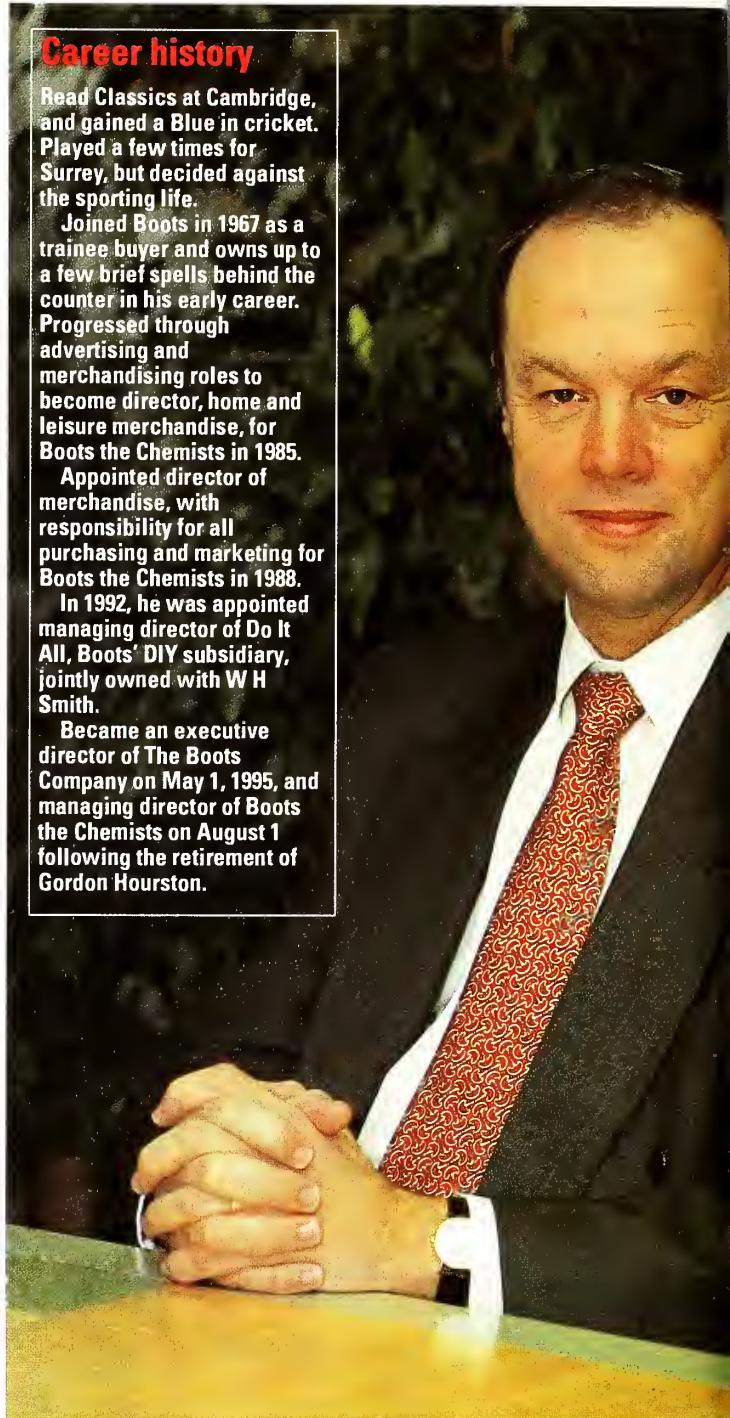
For the six months to September 30 (group figures in brackets)

- Turnover £1,448.2 million, +5.7 per cent (£1,939.5m).
- Profit £164.3m, +13.3 per cent (£196.2m).
- Counter sales up 4.8 per cent, dispensing sales up 9.3 per cent, overall gross margin increased by 0.6 per cent.
- Sixteen small stores opened, with enhanced opening rate anticipated in second half.

share of sales in the cosmetics and fragrance markets, and 41 per cent in skin care. Own-brands, such as No7, pushed upmarket when relaunched in February, are key to this success.

"We can roll out the upmarket cosmetics and fragrances business. There is a good bit of mileage in that programme. You will see more of its effects next year," he promises.

Since late October, Boots has been trialling its Advantage card through 13 stores in the Norwich



Career history

Read Classics at Cambridge, and gained a Blue in cricket. Played a few times for Surrey, but decided against the sporting life.

Joined Boots in 1967 as a trainee buyer and owns up to a few brief spells behind the counter in his early career.

Progressed through advertising and merchandising roles to become director, home and leisure merchandise, for Boots the Chemists in 1985.

Appointed director of merchandise, with responsibility for all purchasing and marketing for Boots the Chemists in 1988.

In 1992, he was appointed managing director of Do It All, Boots' DIY subsidiary, jointly owned with W H Smith.

Became an executive director of The Boots Company on May 1, 1995, and managing director of Boots the Chemists on August 1 following the retirement of Gordon Hourston.

area. Customers get one point (worth 1p) for every 10p spent in-store, which can be redeemed against over 1,500 lines (excluding prescriptions and medicines). The loyalty card trial – it's not a discount card, it is stressed – will continue well into next year.

"We have a lot of confidence in the potential of this sort of promotional activity, but we are looking to do it in the most cost-effective way possible," says Mr Russell.

Surprisingly, in view of the percentages that have already been wrung out of margins, he believes there is still scope for more, particularly through refinements to the new product development programme. "We have 2,000 new products in development with Boots Contract Manufacturing. By focusing effort and prioritising, I believe we can drive even more mileage out of the programme."

Another target on the Russell agenda is the operation of the

business: effective and efficient are the key words here, in that order. "This includes the supply chain. We can build on the initiatives of the common stock room and the reorganisation of our supply management teams and look to work more effectively

the project, codenamed Sunrise, will be installed over the next 12 months. "We can use it to build a lot more additional systems. The bigger impact further down the track will be the ability to respond flexibly to the local market and customer needs," says Mr Russell.

Bureaucracy, unnecessary paperwork and unproductive meetings are listed as pet hates. "I am pretty clear about making the organisation less bureaucratic," he says. "I would encourage senior management to send out the appropriate signals regarding the proper use of paper, of PCs (in which we have been investing heavily) and the proper use of meetings."

Engineering a cultural change within such a far-flung organisation as Boots is daunting. Any moves must start from the top, and Mr Russell advocates a more participative, open style of management. "We have to find ways of maximising people's contribu-

Fact file

- The largest chain of retail chemists in the UK: 226 large stores (over 600sq m) and 889 small stores (up to 600sq m), plus seven health centre pharmacies and nine photocentres. Over 80 per cent of stores are in High Street locations.
- Dispenses over 60 million scripts a year – 12.4 per cent of those written. Has its own countrywide Medilink pharmacy computer system. Monitored dosage dispensing is provided to nearly 5,000 residential and nursing homes.
- Holds approximately 28 per cent of the OTC medicines market and over 21 per cent of the baby consumables sector (foods, toiletries, disposables). Is the country's second-largest retailer of sandwiches.
- Boots the Chemists has the largest EPoS network in Europe, feeding information on over 25,000 lines to six central warehouses in Nottingham, Aldershot and Heywood.
- Common stock rooms (CSRs) provide an overnight replenishment service to all Boots' stores for 2,700 top-selling lines. Seventeen regional distribution centres are linked to central warehousing by a complex trunking network. Boots' transport fleet covers 24 million miles every year.

question with a view that head office costs are too big. I want to make sure that the investment of our resources is as effective as we can make it."

Steve Russell is not a pharma-

support in the professional area.

He is aware of the rocky relationship that has existed between Boots and the Royal Pharmaceutical Society in recent years, but is still firmly gripping the olive branch held out by his predecessor in his farewell speech in the summer.

"I would like to believe that most of our time can be spent on the bigger agenda, establishing the right position for the pharmacy profession in the health-care of this nation. There is an awful lot of shared interest there – or at least there should be," he says.

He believes that it is important for the Society to develop its Code of Ethics. Some aspects might be unduly restrictive, he suggests, "but the profession has certain standards to which it has to operate".

Resale Price Maintenance is one area which has been given consistent support by Boots, even though it claims any effect of scrapping the arrangement will be commercially neutral.

There are plans to develop the thinking which lies behind the current medicines counter layout in Boots' stores, although Mr Russell is not sure how the philosophy will develop in practice. Four years ago, the intention was to make the pharmacist visible and available for counselling.

"I think we have been only partially successful. We have not been able to give pharmacists the time or the space to fulfil the objectives we saw at that time, and still see," he says. With this in mind, the company has done quite a lot of work recently looking at how pharmacists' dispensary time is employed.

He claims to believe strongly in the pharmacy blueprint he inherited from Gordon Hourston, and says he wants to take forward the ideas as "positively and energetically as possible. In an odd sort of way, because I am not a pharmacist, I can be more objective".



with suppliers, tackling the logistics business upstream, as well as down."

New technology will also be called into play. A computer-based labour management system is now in place in about 800 stores, and the programme should be complete by next March. This is the first sign of a major new computer infrastructure based on the provision of a much more powerful data processing unit in-store.

The basic technology linked to

tion ... managers need to be more effective, encouraging that contribution from their staff." The objective is to make every part of the organisation, and that includes head office, as effective as possible.

Rumours of cutbacks at head office are premature, he suggests. "We do deliberately invest heavily in merchandise and marketing resources because we recognise the value of having a large range of Boots' brand products. I would not come to this

cist, but has an "overwhelming belief" in this core area. The company's annual report, published in March, spelt out its strategic commitment to build on strengths and maintain leadership in chosen markets. Pharmacy remains at the core of the business.

He does not yet have command of all the technicalities, but, with the recent appointment of Paul Joyce as director of pharmacy development and property, he has beefed up management

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BUSINESS IS LOOKING GOOD

2015 – a pharmacy odyssey



In the 21st century, the pharmacy is the gateway to health. Science fiction – or just a figment of a pharmacist's imagination? David Coleman FRPharmS reports from the third millennium

It's 2015. Welcome to our pharmacy. Twenty years ago, we had a dream, a vision, now we have the reality.

Our pharmacy serves a population of about 10,000 and within that area we also have a small satellite pharmacy in an outlying village. We have two full-time pharmacists and two part-time, each of us has specialised to some extent in our chosen fields. In addition, we have an arrangement with a number of consultant pharmacists at a local hospital which will do sessions for us on specific topics.

There are four dispensing technicians, one of whom has particular expertise in surgical aids. The pharmacy 'shop' has several medicines counter assistants and also assistants with specific expertise (pre- and post-natal expertise, for example).

The satellite pharmacy was developed about 15 years ago, immediately after the NHS crisis of 1998. At this time, when free prescriptions were abolished and when charges for visiting the doctor were brought in, it was obvious that script numbers would fall and there could be a serious reduction in pharmacy numbers. We felt that in a

changed climate, when more and more people would go first to the pharmacy for advice, it was essential that we had the experience of more than one pharmacist in the smaller pharmacies. This proved impossible unless either they formed 'clusters' or operated as satellites of larger ones. It was important for patients that we retained ease of access, private motoring was becoming very expensive, so our satellite was our way of providing full service where otherwise none would exist. Perhaps the satellite mimicked the branch surgeries of the 20th century?

The main pharmacy is a large purpose-built building on three floors – with lifts! Most of the top floor is devoted to stock rooms, etc, but there is also a small flat which is used by the duty pharmacist when we are required to provide a 24-hour service.

The first floor contains a number of rooms and suites which are used partly by staff we employ and partly by visiting professionals. An optician, dental hygienist and a chiroprapist are present most of the time and our diagnostic clinic is manned whenever the pharmacy is open (this clinic runs diagnostic tests on contract to a local doctors' surgery, as well as to clients who visit). We undertake immunisation campaigns for the local health commission and one of our partners is a nurse who is responsible for this. Holiday vaccinations are also provided.

We have recently added a room which is used by a holistic practitioner and this seems popular. On a sessional basis, an

audiologist, a dietician and a specialist in manipulation also visit. I would like to point out that our accountant has an office on this floor and that all these activities have to make a positive contribution to the pharmacy finances.

I think I should expand further on the changes at the turn of the millennium because they significantly affected the way we worked. At the time, they were seen as disastrous, but now we look back and realise those changes enabled us to provide a much fuller service to patients.

In your dreams

The hope and expectation of people that health was 'free' was shown to be an impossible dream. Subsequent events have shown that when people have a financial interest in their own health, then health promotion can become a reality. The main changes were that, for everyone, free prescriptions were abolished and charges were levied wherever a service was performed. Of course, this provoked an outcry which was not assuaged by increased social benefit payments.

For those who had to have a large amount of medicine, a limit of £200 a year was set, above which a state subsidy provided a retrospective rebate. All spending which qualified for this was maintained on central computer records – the range of medicines available was fairly wide, but classified for 'severe' or 'chronic' conditions and not for self-limiting diseases.

There were two other significant changes. Firstly, most POM

medicines became a sort of P medicine which meant, in effect, that pharmacists could prescribe (sell?) them, provided details were taken from the patient and that the transaction was kept on the patient's medication record. In practice, this meant that most patients were registered with one pharmacy and, although 'smart cards' carried the details, many medicines were restricted to supply at the pharmacy where the patient was registered.

The second change was the process by which most people obtained prescription medicines for chronic conditions. Doctors or consultants would prescribe medication and providing the pharmacist checked that, for example, blood pressure stayed within certain parameters, or that peak flow measurements were OK, then continuing supplies could be made without visiting the doctor. In view of the charge for visiting the doctor, it is easy to see the attraction.

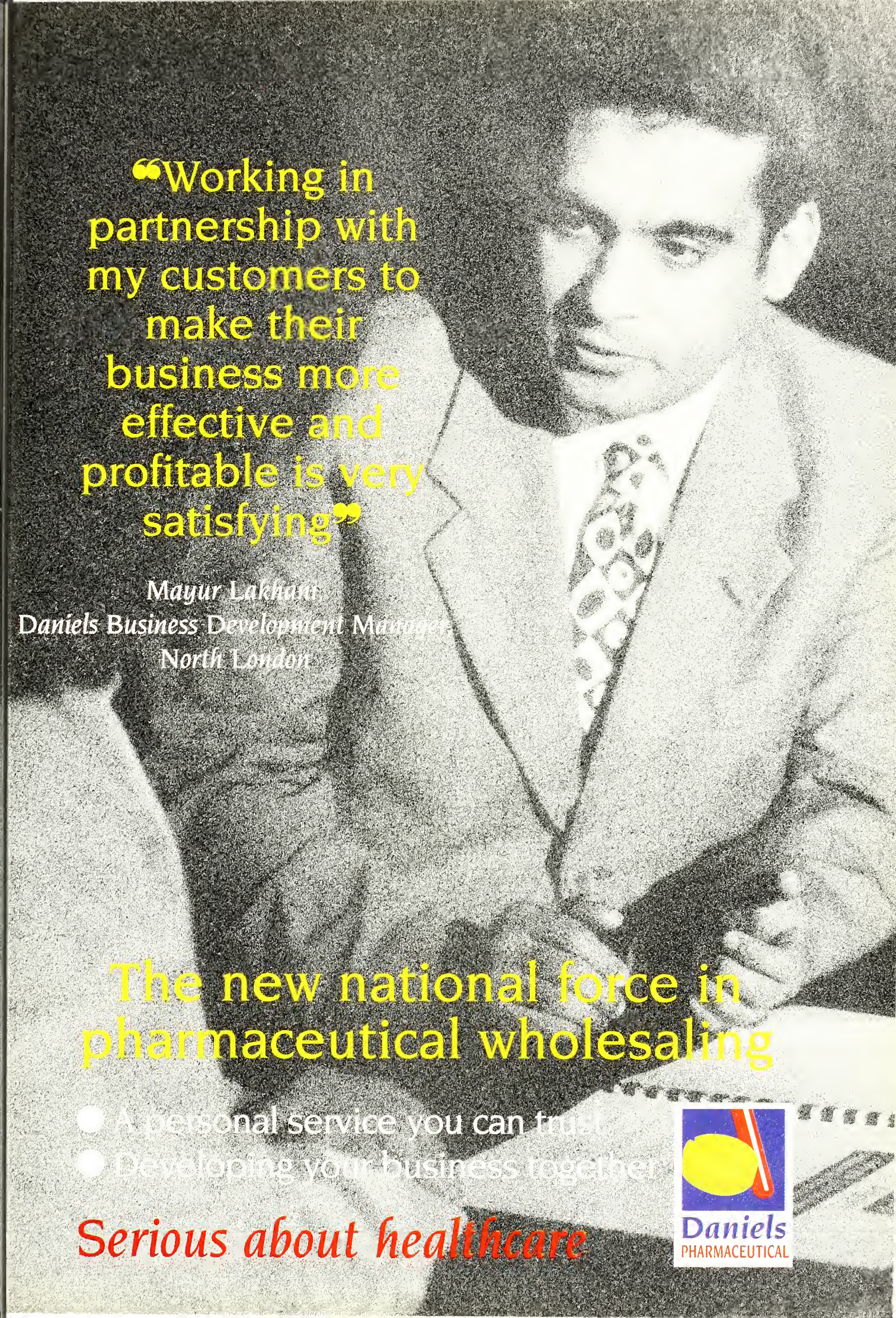
Clinical view

In the later part of the 20th century, there were those who saw pharmacy in a totally clinical setting. It is interesting to see that many of those items traditionally associated with pharmacy have remained so. Skin care has assumed greater significance recently: worries over UV radiation and premature skin ageing have made people increasingly aware of the need to look after their skin. The result is that 21st-century pharmacies devote space and expertise to areas like dental hygiene, foot care, skin care, and a holistic approach to health recognises that a person who looks good also feels good.

We are all used to this electronic age now. At first it was very exciting being diagnosed via the Internet and having supplies delivered direct (although that had its problems, since, as electronic transmission of information boomed, the postal services collapsed in many areas). But people began to feel trapped in their own homes and so the basic human need to talk re-established itself.

Many aspects of the technological revolution were a great boon, but some were, to put it mildly, questionable.

The last few years of the 20th century were crucial for pharmacy. Thank goodness pharmacists then did not retreat into their shells or hide themselves in the depths of a health centre. Instead they saw that they held the priceless asset of being close to, and trusted by, their patients. From that, and their knowledge of medicines and how they work in the human body, was born the pharmacy of the 21st century, the gateway to health.



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make their
business more
effective and
profitable is very
satisfying”

Mayur Lakhani

Daniels Business Development Manager
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Serious about healthcare



Eat, drink and digest

Christmas doesn't have to mean a time for stomach upset and misery – some simple prevention tactics that you can pass on to your customers will help. But if they do suffer the ill-effects of over-indulgence, they can rest assured that their local community pharmacist will have something to set them right. Sarah Purcell reports

It's that time of year again – lots of eating, drinking and the inevitable indigestion that follows. An astounding 24 million of us can expect to suffer from the symptoms of over-indulgence during the Christmas period.

Of course, for many people indigestion and heartburn are a year-round problem, but as most of us tend to eat and drink much more, as well as take less exercise than normal, over the festive season, expect to see more indigestion sufferers coming through your doors in the coming weeks – and make sure you're prepared for them.

Indigestion explained

Dyspepsia covers a range of symptoms, including heartburn, flatulence and irritated stomach or indigestion. While they are often grouped together by patients, the conditions are caused by different things.

- Classic indigestion – a full, bloated stomach which feels uncomfortable and sore – is caused by too much acid in the stomach. This irritates the lining of the stomach, causing pain.
- Heartburn – a burning pain in the chest – occurs when the cardiac sphincter muscle relaxes to release the stomach's excess acid back up the oesophagus. This often happens when you go to bed before food has had enough time to be digested.
- Wind can build up inside the stomach, making you feel bloated and uncomfortable. While belching is caused by swallowing too much air when we

eat, flatulence is due to bacteria in the digestive tract which causes excess gas.

Indigestion sufferer

An estimated two-thirds of people suffer from dyspepsia at some time, so it's difficult to pick out a typical sufferer, says Helen Smith, brand manager for antacids at Roche. "But the majority are over 30, as the body tends to be less able to cope with excesses as we get older. We're seeing more younger sufferers too, though their indigestion tends to be caused by hectic lifestyles, stress, irregular eating habits and too much spicy food."

According to the Roche report on indigestion, over-60s are four times more likely than under-25s to suffer from dyspepsia, while

According to research carried out by Warner Wellcome for Zantac 75, we are more likely to suffer painful indigestion than a hangover at Christmas (one in two of us compared to one in three), while nearly a third said the stress of visiting relatives aggravates their problem. The top culprits for causing seasonal indigestion and heartburn were found to be:

- **over-indulging in food (78%)**
- **slumping in front of the TV after dinner (44%)**
- **too much alcohol (44%)**
- **Christmas lunches and parties (34%)**
- **having to eat other people's Christmas cooking (29%)**
- **the stress of having relatives to stay (27%)**
- **preparing for Christmas (21%).**

The worst foods and drinks for triggering indigestion over the festive season were:

- **pickles, sauces and pickled onions (47%)**
- **alcohol (38%)**
- **Christmas pudding, Christmas cake and mince pies (35%)**
- **chocolates (26%)**
- **cheese (25%)**
- **nibbles (23%)**
- **stuffing (23%)**
- **bacon and sausages (22%)**
- **cream and brandy butter (18%)**
- **Stilton and port (17%)**

(Source: Warner Wellcome survey for Zantac 75)



men are more prone than women (58 per cent to 42 per cent). This could be explained by the trend to healthier eating – two-thirds of women say they eat more fruit and vegetables and less meat than they did ten years ago, but two-thirds of men say their diet hasn't changed at all!

Seasonal triggers

There is little doubt that demand for indigestion remedies in general peaks over Christmas and New Year. "Most people are eating, drinking and rushing around more than they do at any other time of year, and they often buy a

pack of indigestion tablets along with the Christmas shopping," says Ms Smith. However, it does depend on the type of indigestion remedy. Gaviscon brand manager Heather Lowden says there isn't really a 'season' for this product – it sells steadily all year round. At Smithkline Beecham, Annabel O'Dwyer, product manager for antacids, says there is roughly a 20 per cent rise in sales between October and December.

Self-help tips

Indigestion doesn't have to be part of the Christmas package – there are things which you can



Left: English Grains offers natural relief from heartburn, indigestion and trapped wind with Natraleze. The herbal remedy contains slippery elm bark, meadowsweet and liquorice in a peppermint-flavoured chewable tablet

foods and drinks you have.

- It's best to stick to your usual eating times.
- Bear in mind that fatty foods, spicy foods and chocolate are among the most difficult things to digest
- Avoid too much alcohol – alternate with glasses of water or fruit juice.

Indigestion market

The digestive remedies market as a whole is seeing good growth, up by 16.1 per cent in the last year (IMS) to \$73.9 million. Of that, about two-thirds of sales are for tablets and one-third liquids. In the OTC remedies sector, some 91.5 per cent of sales are for GSL products and 8.5 per cent for P products, and an estimated 40 per cent of indigestion remedies are now sold through grocers. "We are seeing good growth for tablets and effervescent, at the expense of liquid formulations," says Ms O'Dwyer. "Fruit flavours are still very popular."

At Roche, Ms Smith also says there is still a very definite trend towards more palatable remedies. "Up until 1983, everything was peppermint-flavoured. The new flavours have helped to bring more consumers into the market."

H2 impact

The biggest boost to the indigestion market in recent years has come from the move of H2 antagonists from POM to P status, with the most recent being Zantac 75 earlier this year, joining Tagamet 100 and Pepcid AC. These have seen fast growth since the move, and now account for 13 per cent of the OTC market. While many believe that the three H2 antagonist products available over the counter have grabbed all potential sales in this sector, the other potential contender is Axid (nizatidine), believes Paddy Plowman, senior product manager for Tagamet at Smithkline Beecham.

After six months on the OTC market, Warner Wellcome says that Zantac 75 has become the third best-selling product in the pharmacy indigestion market, ahead of Tagamet 100 and Pepcid AC in value terms (Nielsen) and taking 7 per cent of sales.

At Smithkline Beecham, they are very pleased with the way that pharmacists have reacted to Tagamet 100 – in the last six months the number of pharmacists recommending the product has doubled, says the company.

At Centra Healthcare, market-

ing director for Pepcid AC Scott Snyder says: "Pepcid has sold more OTC packs in the UK and the world than any other brand. It is also the world's fastest-growing H2 brand overall, with a number ten ranking among all drugs worldwide."

While some may have feared the impact of H2 antagonists on the rest of the OTC indigestion market, it appears to have fuelled interest in the sector as a whole and raised the profile of indigestion as a common condition. "The deregulation of H2 antagonists has helped to increase the number of products available to customers," says Ms Smith at Roche. "The H2s are so different from the more traditional indigestion products that they are in fact helping to bring more customers to the market as a whole. Many consumers who use the more traditional products don't really see them as medicines, nor do they see indigestion as a medical condition, so for them to use one of the stronger products would be admitting that they had a serious complaint."

At Reckitt & Colman, Heather Lowden says the H2s haven't had much of an impact on Gaviscon sales either. "I think they've helped to bring the heartburn and indigestion category to the fore of people's minds," she says.

Ms O'Dwyer at Smithkline Beecham says we should remember that the H2s have only made an impact in the pharmacy sector. "The GSL products have benefited from the knock-on effect, with more people aware of the problems of indigestion and heartburn."

At Centra, Mr Snyder says that the tablet antacid brands have definitely lost out as a result of the H2 switches, with a reduction of up to 25 per cent of their market share. "H2s, given the depth and quality of their relief, are more certain to bring consumers back to the pharmacy for their indigestion and heartburn remedies, a conversion that will take them away from GSL products in supermarkets and garages."

Festive sales

So how do you make sure those seasonal sales come your way?

"Make sure you and your staff know all about the products which are available," advises Ms Smith. "And help to encourage those impulse purchases with good point of sale material and by siting remedies close to the till." Retailers should also bear in mind, she believes, that indigestion is a strongly brand-led market, with own-label purchases accounting for only a small share of sales.

Ms Lowden at Reckitt & Col-

Continued on P860 ▶



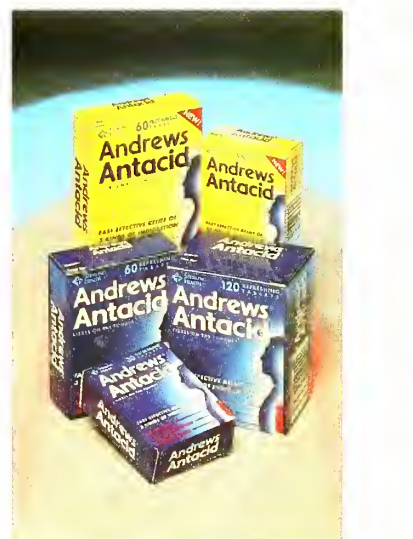
Pepcid AC is being supported by a £1 million television campaign over Christmas, as well as press advertising and participation in the Pharmasite poster initiative



Smithkline Beecham is offering pharmacists 12 100ml bottles of Tagamet Dual Action free when they order a case of the liquid product



During December, customers will be offered a free roll-holder with purchase of Tums



Smithkline Beecham advises pharmacists to stock up with products which are in demand over Christmas, such as Andrews Antacid



encourage your customers to do (or, conversely, not to do) which can prevent the dreaded over-indulgence feeling.

- Don't overload your stomach with too much rich food. Try to alternate heavy meals with lighter ones.
- Don't rush your food.
- Try to avoid eating late at night, or just before you go to bed.
- Some gentle exercise after a big meal will help – a walk is ideal – but anything too strenuous could make things worse.
- Avoid eating standing up if you can.
- Watch the combination of

◀ Continued from P859



Remegel is being supported by television advertising this Christmas, with special deals available to pharmacists



Warner Wellcome warns pharmacists to be prepared for a big increase in Alka-Seltzer sales prior to Christmas



Rennie has been relaunched with a fresher, mintier taste and an improved texture



Warner Wellcome, maker of Zantac 75, offers tips to consumers on avoiding the misery of indigestion over the festive season with its new leaflet 'Seasonal Survival Plan'

man comments that: "There is a lot of pressure on pharmacists around Christmas time to display various products in their windows, and they should remember that indigestion remedies are a seasonal product, too. Self-selection of remedies in-store will help to remind people to keep these products to hand over Christmas."

At Smithkline Beecham, Ms O'Dwyer has this advice to offer: "For pharmacists, the key thing is to make sure that GSL products are displayed at the front of the counter, not hidden away behind it. And make sure you order enough stock of seasonal products, such as Resolve and Andrews, and use the point of sale material that manufacturers provide."

Indigestion news

Smithkline Beecham is offering pharmacists 12 100ml bottles of Tagamet Dual Action free when they place an order for a case of Tagamet Dual Action liquid. The 100ml size can be sold for £1.99. Tagamet will also be supported by a direct mail campaign, targeting 300,000 heartburn sufferers.

Warner Wellcome is putting £2m behind a nationwide television campaign for Zantac 75 in the run-up to Christmas, together with educational initiatives within pharmacy coupled with PR activity. The leaflet 'A Seasonal Survival Plan' gives useful advice on avoiding indigestion.

Warner Wellcome's Remegel now claims a 14.5 per cent ster-



Gaviscon is being supported this Christmas with its first-ever television campaign

ling share of indigestion sales. The brand will be supported by a television campaign during December, with special deals for independent pharmacies.

The company's Alka-Seltzer brand will also be supported with television advertising, with a re-run of the 'Living Ice Bucket' ad over Christmas. This will be backed up by cinema and radio advertising. Product manager Nick Wall says that retailers saw a 33 per cent increase in Alka-Seltzer sales during the week before Christmas last year.

Pfizer has produced a new booklet on coping with irritable bowel syndrome, entitled 'Fibre for Life', supporting its Isogel product.

Stafford-Miller has just acquired the Settlers brand from Smithkline Beecham.

Smithkline Beecham is offering consumers a free roll-holder with packs of Tums throughout December.

Roche has relaunched Rennie with an improved formulation. The new-taste tablet has improved texture and a fresher, mintier flavour. The relaunch is being supported by television advertising throughout December.

Centra Healthcare is supporting Pepcid AC with a \$1m television campaign over the Christmas period, together with seasonal press advertising, a new range of point of sale material and participation in the new Pharmasite window advertising campaign.

Reckitt & Colman is promoting Gaviscon this Christmas with its first-ever television campaign.

Over Christmas, English Grains Healthcare is running a heavyweight ad campaign in the national press for its Natraleze. "Sixty-seven per cent of indigestion sufferers use an OTC medicine for relief and an increasing number of these people actively seek a natural alternative," says Peter Hodgkiss, sales and marketing director.



Asilone is an antacid and antifatulent, giving relief from indigestion, heartburn and wind and comes in liquid or tablet format. It combines magnesium oxide with aluminium hydroxide for lasting relief, and dimethicone to break down trapped air bubbles

Indigestion and heartburn make money for pharmacy sector

Louise Thornton, Self Medication IMS, takes a look at the indigestion remedies market over the last 12 months

The past year has yielded sales in excess of £110 million for the indigestion remedies market, representing an increase of 7 per cent during the past two years.

Within this market, 80 per cent of business is through pharmacy, and when comparing this to two years ago, there is a slight fall of 4 per cent. This is borne out by the grocery share, which has shown a slight increase in business during the past two years.

Over the counter sales account for almost 60 per cent of the indigestion remedies business.

Focusing on the pharmacy sector, which clearly takes the lion's share of this market, the following six players have market shares of 5 per cent or over (OTC sales) as shown below:

Reckitt & Colman	34%
SB Consumer Healthcare	16%
Roche Consumer Healthcare	11%
Warner Wellcome	8%
Pharmax	6%
Seton	5%

The unrivalled brand leader in this sector is Gaviscon (both for OTC sales and Rx). Despite significant competitor activity over the last two years, Gaviscon has managed to grow the total brand by almost 10 per cent in this time.

Again, looking at just over the counter sales, the table below lists the top ten products. The clear leader is almost four times as big as the number two OTC brand.

- 1 Gaviscon
- 2 Rennie
- 3 Milk of Magnesia
- 4 Infacol
- 5 Zantac 75
- 6 Bisodol
- 7 Asilone
- 8 Remegel
- 9 Pepcid AC
- 10 Andrews Antacid

Of these top ten brands in pharmacy, four are also distributed

Continued on P862 ▶

Asilone erupts on TV in December



Asilone is back on TV this Christmas with the start of an explosive £1.5million national campaign.

With its effective balance of 2 antacids and an antiflatulent, Asilone brings fast and long lasting relief from all types of indigestion - including acid indigestion, heartburn and trapped wind.

Available as a soothing liquid or handy tablets, peppermint flavour Asilone is the one to watch this Christmas.

Asilone TABLETS
FAST RELIEF OF
Indigestion
Acidity
Heartburn
24 Tablets

Asilone LIQUID
FAST RELIEF OF
Indigestion
Acidity
Heartburn

**Fast relief from
all types of indigestion**

Product Information: Asilone Liquid: White suspension containing in each 5ml: dried aluminium hydroxide BP 420mg, light magnesium oxide BP 70mg, activated dimethicone 135mg. Dosage: Adults and Children over 12 years: 5-10ml liquid after meals and at bedtime. Pack size 200ml. Not suitable for children under 12 years. Asilone Tablets: Each tablet contains dried aluminium hydroxide BP 500mg, activated dimethicone 270mg. Also contains sucrose 11g. Dosage: Adults and Children over 12 years: 1 or 2 tablets to be chewed or sucked before meals and at bedtime. To relieve heartburn, the tablets to be sucked slowly. Pack size 24. Not suitable for children under 12 years. **Uses:** Asilone Liquid and Tablets are effective in the relief of indigestion, flatulence, acidity and heartburn. **Warnings:** Antacids may interfere with the absorption of tetracyclines, rifampicin, warfarin and digoxin - it taken at the same time. Asilone is not recommended in flatulent abdominal distension possibly related to intestinal obstruction. Antacid preparations should not be administered in severe debilitation or renal impairment. **Pregnancy:** Antacids should not be used during the first trimester. **Overdosage:** No cases of overdosage have been reported. In healthy people, the components of Asilone are not expected to cause specific local or systemic toxicity even in acute overdosage. **Pharmaceutical Precautions:** Liquid - do not freeze. **Product Licence Number:** Asilone Liquid: 11314/0033 Asilone Tablets: 11314/0037 **Licence Holder:** Seton Products Ltd **Legal Category:** GSL **Price:** Liquid £2.60 RSP, Tablets £2.65 RSP. Asilone is a Trade Mark of Seton.

 Seton
Healthcare Group plc

◀ Continued from P860

through grocery. These are Rennie, Andrews Antacid, Milk of Magnesia and Renegel. All these brands (with the exception of Milk of Magnesia) generate grocery sales greater than their pharmacy sales. The leading grocery brand is Rennie (Roche Consumer Health), which has shown strong sterling growth of 21 per cent over the last two years. This growth is in line with levels seen for the indigestion remedies sector in grocery.

H2 implications

Clearly, this market has witnessed the advent of the H₂-antagonists becoming available over the counter.

The H₂-antagonists rank as follows in sales terms:

- 1 Zantac 75
- 2 Tagamet (100 and Dual Action)
- 3 Pepcid AC

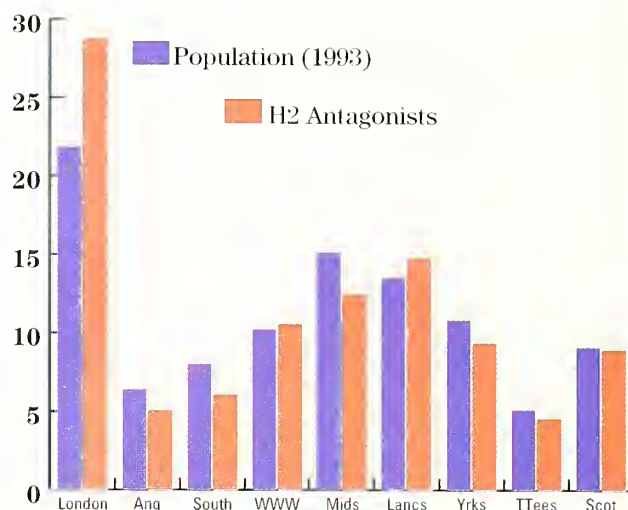
These three products have added \$4.8m to the market and have a combined market share of 10.7 per cent of the OTC indigestion remedies market. Despite Pepcid AC being the first to the OTC market, Zantac 75, the latest arrival, has now taken a strong lead. The introduction of Tagamet Dual Action Liquid has given Tagamet second place.

Look at the regional distribution of the population compared to the sales distribution of the H₂-antagonists – London, it can be seen, is a very strong area for the H₂s.

(All values are at rsp – MAT September, 1995, OTC Report – IMS, Nielsen Retail Audit)

Market Regionality

Pharmacies exc Boots, % sales, MAT Sep 95, OTC report - IMS, Nielsen Audit



Is *H pylori* the dyspepsia key?

It's hard to believe that there was a time before *Helicobacter pylori*. But, while it is accepted that there is a link between infection and peptic ulcer disease, there's still debate over its role in indigestion. Marianne Mac Donald reviews current thinking

It's been over 100 years since the spiral bacterium *Helicobacter pylori* was first noted under the microscope. But it took another 90 years before the medical profession realised that the 'harmless' bacteria which live in the stomach could be the key to a number of gastro-intestinal complaints: ranging from indigestion and ulcer through to cancer.

Tackling it should be easy, was the consensus. Indeed, a number of therapies have made their mark, but as yet there is no definitive treatment. So where does the pharmacist begin?

What is it?

H pylori is a spiral, flagellated Gram-negative pathogen which resides in the acidic gastric mucosa, below the layer of gastric mucus. The acidic environment of the stomach is little barrier to *H pylori* colonisation of the stomach's antrum as the organism produces urease, ultimately leading to the production of ammonia, which counters the acid.

Once infected, *Hp* can contribute to disease in a number of ways:

- in antrum-predominant gastritis, *Hp* causes chronic inflammation and polymorph activity which increases acid output threefold. This excess acid subsequently causes gastric metaplasia (where the cells of the duodenal mucosa turn into gastric-type cells, allowing further colonisation) and chronic inflammation, resulting in duodenal ulcer.

In fact, some 95 per cent of duodenal ulcer patients are *Hp* positive, with carriers of *Hp* said to be 20 times more likely to develop duodenal ulcers than the non-infected population

- *Hp* can also affect the entire stomach (pan-gastritis) resulting in atrophy, intestinal metaplasia, a normal or reduced acid output and gastric ulcer. Some 65 per cent of gastric ulcer patients are *Hp* positive, with figures rising to 95 per cent when GU through the use of non-steroidal anti-inflammatories is discounted.

However, of greater concern is the fact that chronic atrophic gastritis is in itself an indicator of risk for gastric cancer. As such, *Hp* is thought to be responsible for 50 per cent of gastric cancer cases in the developed world and 70 per cent in the developing world. The link is felt to be strong enough for it to be classified as a grade 1 carcinogen by the International Agency for Research of Cancer.

A number of studies have tried to link the presence of *Hp* to non-ulcer dyspepsia, but the jury is split. However, a recent study of 80 Glaswegians found 63 per



cent of those who were *Hp*-negative had no indigestion over the previous six months, compared with only 32 per cent for their infected counterparts. As such, the researchers suggest that 50 per cent of indigestion symptoms in the population may be due to *Hp*.

Professor David Armstrong of the gastro-enterology division of McMaster University in Ontario best sums up the divisive approach: "Does curing *Hp* abolish symptoms of dyspepsia? I think the answer is a qualified, possible, yes."

But does infection with *Hp* automatically lead to a disease state?

The answer appears to be no: only 30-35 per cent of those infected will develop gastro-intestinal disease. As yet, the reasons for this are unknown, but one possible explanation may lie in different strains of *Hp*: one strain, the Type 1 (affecting 30-35 per cent of those infected), contains a cytotoxin associated

gene, while the Type 2 strain is gene-free.

Who is infected?

Anything from 15-55 per cent of the population of developed countries are *Hp*-positive, rising as high as 90 per cent in the developing world.

Hp is contracted in childhood, with transmission thought to be either through the faecal-oral or oral-oral route. However, Peruvian research reveals that *Hp* can be transmitted via water where drinking water is of poor quality.

It has been suggested that prevalence of infection has reduced with better hygiene and living conditions; certainly in the UK, while 60 per cent of 60-year-olds are infected, this drops to 20 per cent in 20-year-olds.

Gender appears to be a factor, with slightly more males affected than females: 53 per cent against 49 per cent. Smoking has also been suggested as a risk factor,

Continued on P864 ▶

Customers can't get enough.



Contains Alverine Citrate

They're choosing Relaxyl* the pharmacy first for **Irritable Bowel Syndrome.**

Relaxyl, the first advertised OTC treatment for Irritable Bowel Syndrome, is already a success. Its uniquely dedicated IBS indication, and your professional support, has led to impressive sales growth in pharmacy and the creation of a new OTC category.

National Advertising and PR Campaign

Continued advertising and PR, backed by a comprehensive range of educational support, will further build awareness of **Relaxyl** amongst the UK's estimated 2 million IBS sufferers.

Don't miss out. Contact your local Whitehall representative today.

PRODUCT INFORMATION RELAXYL. **Presentation:** Buff/green hard gelatin capsule for oral administration. Each capsule contains 60mg alverine citrate USNF XIII. **Uses:** RELAXYL is indicated for the relief of smooth muscle spasm of the gastro-intestinal tract in irritable bowel syndrome. **Dosage:** Adults, the elderly and children 12 years and over. 1 or 2 capsules, one to three times daily. Not recommended for children under 12 years of age. **Contraindications:** Cases of paralytic ileus or hypersensitivity to any of the ingredients. **Interactions:** None. **Special Warnings:** If symptoms persist or worsen, consult your doctor. **Side effects:** As with all drugs, allergic reactions are a theoretical possibility. **Effect on ability to drive and use machines:** None. **Incompatibilities:** None. **Use during pregnancy and lactation:** No teratogenic effects have been reported, but caution should be exercised during the first trimester of pregnancy. **Overdosage:** Hypotension and atropine-like toxic effects. **Pharmaceutical precautions:** Store in a dry place below 25°C. **Legal category:** P **Package quantities and prices (ex VAT):** 18 capsules, £3.70. **Product Licence No:** PL0322/0072. **Date of preparation:** April 1995. **Shelf life:** 3 years. **Product Licence Holder:** Norgine Ltd., Moorhall Road, Harefield, Middlesex, UB9 6NS. **Distributor:** Whitehall Laboratories Limited, Taplow, Maidenhead, Berkshire, SL6 0PH. *Trade Mark.

WHITEHALL

When eradication should be used

Helicobacter pylori eradication should be initiated in the following people:

- those positive for *Hp* with peptic ulcer
- those positive for *Hp* who are on long-term NSAID therapy
- those symptomatic despite acid suppression therapy
- those experiencing frequent relapse
- those being considered for ulcer surgery

Continued from P862

with one study revealing 56 per cent of current smokers infected, compared with 43 per cent of non-smokers.

Social class has also been implicated, with the same study revealing that 65 per cent of manual workers are *Hp* positive, compared with 43 per cent of professional workers.

How to eradicate

The answer to *Hp* infection appears to be simple: kill the organism with a short-term course of antibiotics. But its ability to live below the layer of gastric mucus hinders the access of antibiotics. In addition, mono-

therapy with antibiotics alone produces poor eradication rates.

The rationale for using an acid-reducing drug, such as an H₂-antagonist or proton pump inhibitor, in an eradication regimen, is because antibiotics are more effective in less acidic media. PPIs are also said to alter the distribution of *Hp* in the stomach.

So the debate is what is the optimal treatment?

Initially, the approach was to adopt a triple therapy of bismuth, metronidazole and either amoxycillin or tetracycline; or a dual therapy of omeprazole and amoxycillin, for two weeks. Clarithromycin can also be substituted, sometimes as an alternative to amoxycillin in those who are penicillin-sensitive.

According to the Scottish Medicines Resource Centre, while triple therapy is better established and more effective, with an eradication rate of around 80-90 per cent, there is lower compliance and an increased side-effects incidence, when compared with dual therapy. However, dual therapy has been credited with lower eradication rates, varying from 50-87 per cent.

The other advantage touted for triple therapy is in helping overcome problems with antibiotic resistance. Certainly, metronidazole resistance can be as high as 30-50 per cent, although used in synergistic combinations this problem appears to be minor.

The move now is towards triple therapy over a one-week period, with an anti-acid secretory drug as the cornerstone of

treatment, combined with two antibiotics.

As yet, no therapy is officially licensed for such use, but a number of trials suggest that eradication rates in excess of 90 per cent can be achieved (see table). For patients, the shorter the course, the fewer the compliance problems and the more successful the therapy. But more research, and follow-up studies, need to be completed before a one-week regime can supersede the existing two-week course.

Even assuming 100 per cent compliance, there is the possibility of re-infection. It has been said that relapse rates for duodenal and gastric ulcer, following *Hp* eradication, are in the region of 0-3 per cent, compared with 10-30 per cent for continuing H₂ antagonist treatment and 60-90 per cent for untreated sufferers.

An Ipswich study of over 1,052 patients uncovered 51 re-infections, of which 42 had occurred within six-months, post-therapy. But further work into the eradication regimens used concludes that the six-month re-infection rate – for a regimen with an eradication rate of over 80 – was only 2 per cent.

The *Hp* picture is constantly changing as new research clarifies its role in gastro-intestinal disease. But perhaps this research will also negate the importance of the quest for an optimum eradication therapy – already there is talk of an *Hp* vaccine being available for administration in children within the next eight years.

Established eradication regimens for *Hp*

Dual therapy for two weeks

Omeprazole 40mg od + amoxycillin 1.5-2g od
+ Ranitidine bismuth citrate 400mg bd + amoxycillin/ clarithromycin 1.5g od
+ Followed by ranitidine bismuth citrate twice daily alone for two weeks

Triple therapy for two weeks

Tripotassium dicitratobismuthate 120mg qds + amoxycillin 500mg qds + metronidazole 400mg tds
Tripotassium dicitratobismuthate 120mg qds + tetracycline 500mg qds + metronidazole 400mg tds
+ Ranitidine 300mg nocte + amoxycillin 750mg tds + metronidazole 500mg tds
+ Ranitidine continued alone for a further two weeks

Examples of one-week eradication regimens for *H pylori* in trials

Cytoprotectant/anti-secretory

Omeprazole 20mg bd
Omeprazole 20mg bd
*Omeprazole 20mg bd
+ bismuth subcitrate 120mg qds
Omeprazole 40mg od
Lansoprazole 30mg bd
Lansoprazole 30mg bd
Lansoprazole 30mg od
Bismuth subcitrate 120mg qds

* Also three days pre-treatment with omeprazole

Antibiotic

Amoxycillin 1g bd + clarithromycin 500mg bd
Metronidazole 400mg bd + clarithromycin 250mg bd
Tetracycline 500mg qds + metronidazole 500mg tds

Amoxycillin 500mg tds + metronidazole 400mg tds
Amoxycillin 1g bd + clarithromycin 250mg bd
Metronidazole 400mg bd + clarithromycin 250mg bd
Amoxycillin 500mg tds + metronidazole 400mg tds
Tetracycline 500mg qds + metronidazole 500mg tds

Eradication rate

96 per cent
95 per cent
98 per cent

91 per cent
90 per cent
90 per cent
90 per cent
83 per cent

Product Information: Nurofen Micro-Granules

Each sachet contains 400mg Ibuprofen B.I.

Indications: Effective in the relief of

headaches, cold and 'flu symptoms, rheum

and muscular pain, backache, fever, migr

period pain, dental pain and neuralgia.

Dosage and Administration: Adults and child

over 12 years: Initial dose 1 sachet, then i

necessary 1 sachet every 4 hours. Do not

exceed 3 sachets in any 24 hours.

Precautions and Warnings: As with some o

pain relivers, Nurofen Micro-Granules shoul

not be taken by patients with a stomach ul

or other stomach disorder or hypersensitiv

ibuprofen. Patients receiving regular

medication, asthmatics, anyone allergic to

aspirin, and pregnant women should be

advised to consult their doctor before taking

Nurofen Micro-Granules. Each sachet conta

132mg (approximately 6mEq) sodium. This

should be considered in patients whose ove

intake of sodium must be restricted. In nor

use, side effects are very rare, but may

occasionally include dyspepsia,

gastrointestinal intolerance and bleeding, an

skin rashes. Not recommended for children

under 12. If symptoms persist for more than

3 days patients should be advised to consul

their doctor.

Product Licence Number: 0327/0081.

Licence Holder: Crookes Healthcare Limited,

Nottingham, NG2 3AA. **Legal Category:** P.

Price: Nurofen Micro-Granules: 6's £1.69,

12's £2.95. **Date:** June 1995.

Reference:

1. Busson, M., J. Int. Med. Res. 1986, 14, 53

NUROFEN

Contains ibuprofen

*'I don't mind what
I take for my pain.
As long as
it's not tablets.'*

'TAKE NUROFEN MICRO-GRANULES'

A sachet of Nurofen Micro-Granules dispersed in water provides fast relief for mild to moderate pain. Delivering all the benefits of Nurofen in a soluble form, it's as well tolerated as paracetamol and gentler on the stomach than aspirin¹. At the same time, its pleasant orange flavour ensures compliance.

WHATEVER THE PAIN, YOU'VE GOT A NUROFEN ANSWER



A tale of two pharmacies

Sometimes just having a smart, well fitted-out shop is not the answer, says John Kerry

Two independent pharmacies stand with another 100 shops on this major crossroads. One, a weather-beaten, traffic-stained and outdated 400 square footer, the other a magnificent 900sq ft palace of a pharmacy, beautifully fitted, well stocked and a pleasure to be in.

Information suggests that Mr J in the lesser pharmacy does twice the business of Mr P, his prestigious neighbour 50 yards around the corner.

We're focusing on Mr P's pharmacy. He believes that there's more business for him and he'd like his fair share. It is worth mentioning that the two pharmacies reflect very much the characteristics of their owners.

Mr P is a smartly dressed, handsome and quiet man and so is his shop, while Mr J is known to be bold, influential and very busy in the local medical and political scene.

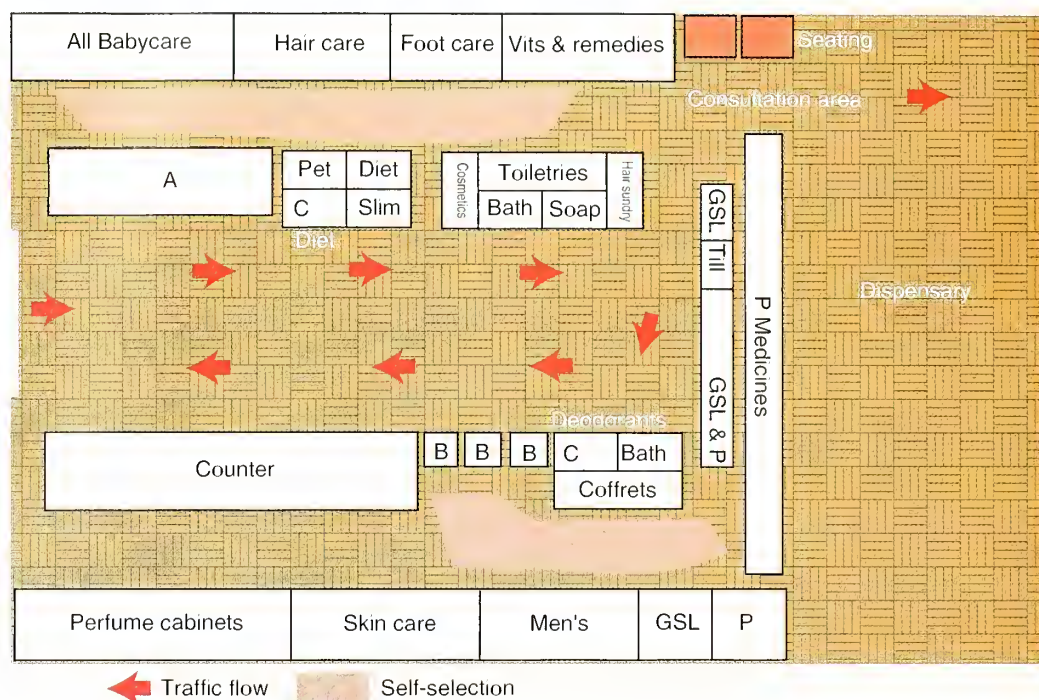
Mr P has created a super community pharmacy and a splendid shop. Everything is clean and tidy, a comfortable, well sited patient-consultation area, well trained and smart staff, all backed by a keen and caring pharmacist manager. Mr P has two pharmacies, he runs the other, just one mile from this one. His new manager is eager to turn this business round for all the right reasons, but, like Mr J, he isn't sure which direction to take.

Facing facts

The present condition of the business is due to four factors.

- 1 The gradual erosion of 'local trade', which affects all business of this type and needs no further comment.
- 2 Local changes in the retail scene.
- 3 The influence and position of Mr P's shop.
- 4 The 'mistakes' that Mr P has made.

This is a good-sized, post-war shopping district and was thriving between the '50s and '70s, when it boasted all the multiple traders, serving a huge London overspill community. It included a fresh



Current layout. Self-selection areas virtually ignored because a) display cabinet, b) three cosmetic merchandisers and c) gondolas prevent free customer flow

Sample of figures kept by Mr P

	Aug 93	Aug 94	Aug 95
Script Items	1,801	1,761 (-2.2%)	1,736 (-1.6%)
Value £	17,982	17,547	17,441
Average value £	9.97	9.96	10.06
Script items			
4 months cumm	7,477	7,333 (-1.9%)	6,875 (-6.2%)
Sales 4 months £	32,434	30,972 (-4.6%)	27,901 (-10%)
	Apr 94	Apr 95	
12 months scripts	22,769	21,489 (-4.87%)	
12 months scripts			
Value £	201,204	198,739 (1.2%)	
12 months cash			
sales	96,245	86,862 (-9.8%)	
	£297,449	£285,521 (-4.0%)	

food market, too, which proved a great draw.

Parking outside the shops has long gone, and so have most of the multiples. The post office, once next to Mr P, has relocated to a newly-erected superstore and the market now looks so sad it no longer draws hordes of shoppers.

Smaller cake

The retail cake has shrunk over two decades here, as it has everywhere. Community pharmacy has seen the grocery giants and drug multiples suck away the 'soft markets', such as toiletries and babycare. Most have survived because of their obvious remaining strengths and positions. Those who have prospered

have generally applied the right tactics to suit the situation.

Mr J's has been high profile from day one. His shop enjoys a slightly more prominent position, has a large illuminated fascia and neon sign – you can't miss this pharmacy. He is well known to all of the local GPs and has a thriving prescription collection and delivery operation. Doubtless he promotes his pharmacy through leaflet drops and advertising also. He may not have a shop to be proud of, but everybody knows him and knows where he is.

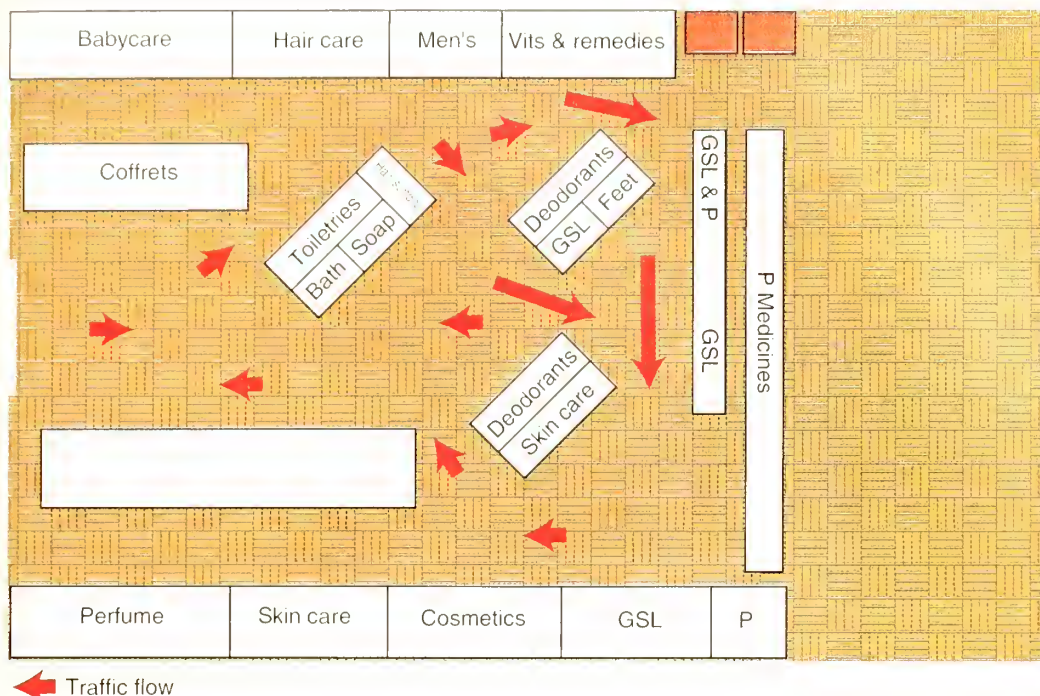
Mr P, on the other hand, has spent his time and money making his business a credit to pharmacy. He has a declining customer/patient base, but a lot are

extremely loyal. As his manager explained: "This pharmacy has been here for nearly 50 years, but still people tell us they didn't know it was here." So Mr P's first mistake is his failure to communicate well with his potential customers. He has relied too much on 'word of mouth' and it hasn't worked.

Not dear

The stock range is conventional and conservative. The style of decor and fittings is upmarket and expensive. There was general agreement that the internal appearance could frighten shoppers away. You can hear them saying "that shop looks dear".

It isn't particularly expensive,



Suggested layout with improved traffic flow between the various areas of the pharmacy. The changes are minor. Other activities – advertising, publicity and changes to the fascia – were thought more important

prices are competitive, but you wouldn't know, there are no easily visible prices on the shelves. The perfume counter is straight out of a big city centre, but a customer at this section is a rarity. One side of the shop is screened off almost entirely by fitments. Not for good marketing reasons, but because shoplifting has been a major problem and the 'wall' prevents thieves making a quick getaway. It works, but, without easy access for either customers or thieves, stock remains on the shelf.

Mr P has not attempted to market the business much over the years. From the outside it looks closed, without either an illuminated fascia or window. He hasn't embarked on any long-term promotional work with advertisements or leaflets either.

Class act

Given the choice, patients and customers in this mainly working class area would probably opt for the downmarket, more obvious pharmacy that looks less expensive.

New people to the area will learn very quickly about Mr J's pharmacy and become regular customers, even before they know of the existence of the other.

Mr P's \$300,000 turnover pharmacy is by no means on its uppers, quite the contrary. He owns the freehold, costs are low and, even after paying his manager's salary, is able to make a tidy 10 per cent net profit.

Mr P runs both shops as one business and does not have a separate profit and loss statement for the shop in question. There is no departmental sales

breakdown for the front shop either, but Mr P estimates that 90 per cent of his cash comes from medicines alone.

It is difficult to comprehend that this wonderful shop attracts so little non-healthcare business. Mr P maintains some basic statistics that make interesting study (see table, page 866).

Whichever way you look at the figures, there is cause for concern. Scripts are falling in number against a national increase. Till takings are running at -10 per cent year on year and this seriously threatens Mr P's net profit. With increasing costs squeezing his margins, the \$30,000 profit could be wiped out in two years if nothing is done.

Mr P's options

A Carry on as before and trust that sooner or later either the local population will discover what a nice pharmacy this is, or Mr J will close, or all of the doctors in the area will open surgeries next to his shop, or Berwick Rangers will win the European Cup...

B Sell to some entrepreneurial pharmacist, who could make a decent living out of the business, while paying off the loan and with hard work and imagination build the turnover to \$500,000 in a couple of years.

C Change nothing, but market the shop vigorously, promote to the local population and persuade them away from the competition. This option assumes that the present shop has a lot to offer and only needs more customers to walk through the door. Once they've experienced the atmosphere, decor, service and prices (they're really not bad)

they will become regulars.

In many respects this is definitely worth serious consideration. It's like having a fine product, all it needs is selling. Mr P has spent a great deal of time and money bringing his pharmacy up to its present standard, why not try marketing it properly, without any changes?

D Change the shop and market the changed business vigorously. If this pharmacy was in the red and visibly falling apart, then dramatic change would be immediately necessary. It isn't either of these, therefore major surgery is not recommended.

Recommendations

Option C is considered the best strategy, with certain add-on activities and minor cosmetic changes.

Fascia

- i) New illuminated fascia sign.
- ii) Illuminated pharmacy sign.
- iii) Clean window glass – devoid of posters.
- iv) Window graphics promoting specialities.
- v) Bright window lighting.
- vi) Window displays.

The above will transform the exterior from a dull, untidy fascia, which appears closed, into a bright business, like a glowing beacon, open for trade.

Publicity

- vii) Practice leaflet distribution to all homes and institutions – six-monthly intervals.
- viii) Promotional/advertising leaflets distributed regularly at one- or two-monthly intervals. Advertising extensive perfume and skin care ranges, promotional lines and specialities.

ix) Regular display advertising in local press of price cuts and perfume/skin care.

Other

x) Minor layout changes – see plan.

xi) Carry out research among local shoppers and households with reference to products and services not available locally.

The promotional activity recommended should be neither modest nor irregular. A plan needs to be drawn up for 12-24 months, professional help with design and copy sought, and the programme maintained even if early results are not rewarding.

The research should indicate directions in which the business might move in the future.

Option D – should the response from the above prove to be unsatisfactory, a major change in trading strategy may be necessary.

The research will reveal areas in which the business should move and these cannot be anticipated in advance. However, it is thought that two areas at least will need some attention.

Perfumes/skin care

This is the big department, with a big stock investment, which, despite the marketing work, may easily still be a waste of space. If this proves to be the case, then it has to be sacrificed and new product, such as complementary medicines, installed.

Healthcare products

In spite of their estimated 90 per cent contribution to the turnover, healthcare products need to be given at least double, perhaps triple, the space they occupy. Other healthcare items may be introduced and other associated services also.

In this case, no decisions can be taken until both the existing shop has been marketed with some enthusiasm and the local population given a chance to discover how much better it is than the shabbier pharmacy around the corner.

If the tactics work satisfactorily, then the stock may be adjusted, new ranges introduced gradually until a nice balance is achieved.

Should they not achieve the desired objective, then information has been gathered through research to enable the business to change its character and provide a service and products more in keeping with the local demands.

It is suspected that this very fine pharmacy is the right shop in the wrong place. A five-star hotel on an industrial estate, perhaps. Well, more of the locals may prefer five-star service, it will cost no more.

IMPORTANT NOTICE FROM ALLERGAN

Advice for your contact lens customers

Following this week's media coverage, Allergan would like to provide the following information to help you reassure your customers.

1. When in-pack leaflet instructions are carried out in full, Allergan systems are effective against ocular pathogenic micro-organisms including acanthamoeba.

LENS TYPE	CLEANER	DISINFECTANT
Soft	LC-65®	Oxysept® 1&2 Oxysept 1 Step®
Soft	COMPLETE® (built in cleaner)	COMPLETE®
Hard/Gas Permeable	Total™/Total™ Daily Cleanser or LC-65®	Total™/ TOTAL CARE™

2. Ensure your customers are using their system correctly. Areas to check for:

- Lenses are rubbed and rinsed using a surfactant cleaner eg LC-65
- Disinfection is carried out daily, and solutions are not being re-used

● Lens cases are rinsed daily with saline and left to dry. Cases should be replaced at least every three months or as recommended in the in-pack leaflet

3. For maximum confidence, Oxysept provides your customers with greater stand alone efficacy against acanthamoeba if lenses are soaked overnight in Oxysept 1 (3% hydrogen peroxide) and then neutralised.

4. Before changing solutions, the lens wearer should first consult their optician.

If pharmacists require more information or copies of Allergan consumer literature, please call Allergan Customer Services on Freephone 0800 716327.

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Hills' new field ops team

Hills Pharmacy has restructured its field operations team following a board level change in October. Nick England, superintendent pharmacist, says that Hills has been waiting to appoint a retail director for some time and the other appointments followed after Alan Sanders was recruited.

Gehe, the German parent company, has not been involved in the process, which Mr England

hopes will see Hills gaining a market share of above average for OTC sales and prescription numbers.

The newly-created divisional pharmacy managers will be looking after NIS business.

New appointments are as follows: Raymond Barclay, operations manager, will report to Alan Sanders, retail director. New general managers are Richard King

(south), Graham Field (north) and Steve Shaw (central). Steve Jeffer is manager for the north west area.

Andy Murdoch is pharmacy services manager and Gareth McCaughie is pharmacy marketing manager. Within the divisional pharmacy management team, Paul O'Hanlon is responsible for the northern division and Stuart Lowe for the southern.

Medevale plant

Medevale has opened the first phase of a new £2.7 million granulation and blending plant for tablet production. The company is undertaking a £10m investment programme which will include a new steriles production facility.

GW sell-off

Glaxo Wellcome is selling its Asia-based skin care products company, Hazeline, to Unilever. The £95 million raised from the sale will be used to help reduce its borrowings.

Wyeth numbers

Wyeth Lederle has announced new telephone numbers for orders and enquiries. For retailers and general trade the number is 01628 414941, and for hospitals 01628 414940.

Cortecs calcitonin deal

The Japanese firm Towa has signed a 15-year exclusive sales and distribution deal with Cortecs International after seeing preliminary results of phase II trials of Cortecs' oral formulation of salmon calcitonin. Currently calcitonin can only be administered intranasally or by injection.

S&N Ditropan divestment

Smith & Nephew has sold the rights to Ditropan, an incontinence treatment, to Lorex Synthelabo for \$21.7 million.

Ditropan was marketed by Smith & Nephew in the UK, Ireland and certain Middle Eastern territories under licence from Hoechst Marion Roussel. In 1991, Ditropan generated profits of \$2.4m.

The sale is in line with S&N's policy of withdrawing from pharmaceuticals and concentrating

on healthcare products with global potential.

John Robinson, S&N's chief executive, says: "Ditropan has been a successful product for us and while sales this year are forecast to be approximately \$9m, they are restricted largely to the UK."

The acquisition of Ditropan rights will reinforce Lorex Synthelabo's position in the UK urology market, where it already has Xatral.

SB passes Setlers to Stafford-Miller

Smithkline Beecham has sold indigestion remedy Setlers to Stafford-Miller. The brand is thought to have been sold for \$20 million, though this figure is described as "inaccurate".

The sale has gone ahead as SB prepares to concentrate on products, including Tagamet 100, Tums and Milk of Magnesia, which have a worldwide market. Setlers' sales occur predominantly in Britain.

Stafford-Miller sees the purchase as its entry into the lucrative British over the counter indigestion remedy business.

Full RPR-Fisons integration by February

The main decisions on how Fisons will be integrated into Rhone-Poulenc Rorer will be made by the end of January, 1996. RPR's strategy is to concentrate on six therapeutic areas: oncology, anti-infectives, cardiovascular, CNS, HRT/bone metabolism and the asthma allergy field.

The company last week received CPMP marketing authorisation for Taxotere (docetaxel), an anti-cancer agent for treating

patients with locally advanced or metastatic breast cancer. It is said to be the first oncology drug to complete the EMEA's new centralised procedure and will be available in most EU countries in January, 1996.

Other drugs in development include RP73401, a phosphodiesterase type iv inhibitor, a potential anti-asthmatic which combines bronchodilator and anti-inflammatory effects.

PIs on their way out, says Datamonitor

Despite the threat of Spanish parallel imports, a new report suggests that the importance of PIs will decrease significantly over the next five years.

Only four or five of the more important parallel imported lines will be affected, states Datamonitor's latest survey of pharmaceutical wholesaling. It suggests that the market share of PIs in the UK will fall from 8 per cent at the moment to 5 per cent by 2000 due to balancing out of prices.

PIs have become less profitable due to falling price differentials across Europe, but profit may be made with differing exchange rates, commented one contributor. This will only stop when there is a single European currency.

Penn loses case

Two women, who claimed they were unfairly selected for redundancy because they were pregnant, have won their cases for unfair dismissal and sex discrimination against Penn Pharmaceuticals at an industrial tribunal.

Susan Williams, 22, and Angela Jones, 30, had been employed by Penn Pharmaceuticals, Tredegar, for four years and six years respectively. They were both dismissed on March 30 with the respondents claiming the reasons were because of overall performance and attendance records.

Tribunal chairman John Thomas said: "The unanimous decision is the applicants were unfairly dismissed and unlawfully sexually discriminated against ... with three of the seven individuals made redundant pregnant, that statistic is significant."

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Zeneca licences

Zestril (lisinopril) is now approved for use in acute myocardial infarction in the US. The US Food and Drug Administration has licensed Zestril for early intervention within 24 hours following a heart attack. This follows approval for the same indication in nine other countries, including Britain since May. Zeneca has also announced the launch of Diprivan, an intravenous anaesthetic, in Japan.

Baxter splits business

Baxter International, the American healthcare supplier, is to split its business in two. Baxter International's name is retained for the worldwide manufacturing division. The second group will be responsible for cost management services and distribution in the US. Baxter Healthcare has been unable to comment on whether the demerger will have any effect on its operations in Britain.

Proteus signs with SB

Proteus International has signed a patent licence agreement with Smithkline Beecham. Proteus specialises in computer-aided molecular modelling and rational drug design. It has patented its non-ionic surfactant vesicle vaccine adjuvant and will be working with SB on several new vaccines.

Credenhill celebrates

Credenhill, supplier of compression hosiery, is now registered as an ISO 9002 accredited company. The announcement comes in the company's 40th year of operation.

CPL Aromas results

CPL Aromas, producer and distributor of fragrances and flavourings, announced interim results for the six months to September 30. Compared to 1994, turnover has increased by 40 per cent to £13.6 million and pre-tax profit is up 51 per cent to £1.4m.

CIPS forecasts

Retail inflation is forecast to rise from the beginning of 1996. A Chartered Institute of Purchasing and Supply report says that it will rise throughout 1996, peaking at the end of the year. The report also states that the number of companies reporting lower prices has exceeded the number reporting price rises for the first time in two years. The Institute's prices index is at its lowest since August, 1992.

LIG restructuring reaps rewards

London International Group, the company behind the Durex brand, has announced sales for the six months to the end of September, 1995, of \$139.5 million, up 7.3 per cent on last year. Half year pre-tax profits were \$6.5m, up from \$1m.

The company is halfway through a three-year restructuring programme, which aims at organic and profit growth of core businesses (condoms and surgical and industrial gloves) and disposal of its non-core health and beauty businesses.

LIG's condom sales grew \$4m

on the same period last year to \$49.3m in a world market growing at 3-4 per cent a year.

In 1995-96, it plans to spend \$33m on marketing its condoms, with satellite advertising the main focus of expenditure. Ads will carry the message that wearing a condom is fun. The company hopes to introduce new flavours and colours of condom and is also developing a super-thin latex product.

LIG is trialling its polyurethane condom in several US states. Avanti is half as thick as the latex version and currently has a 3 per

cent market share. The US Food and Drug Administration has insisted that it carries a warning about its efficacy in preventing pregnancy and has stated that Avanti should only be used by those with a latex allergy. Trials finish in March, after which LIG hopes to get FDA approval and roll the product out throughout the US. Avanti is unlikely to appear in Europe until 1997.

The company has raised \$18m from the disposal of non-core businesses. More companies are up for grabs, but LIG says it will hold out for attractive offers.

Harris has 'strong' first half

A successful drive to sell more medical and surgical equipment to GPs helped Philip Harris to a strong start to the year. Turnover for the six months to the end of September was up 10 per cent to \$55.1 million, while pre-tax profits rose 24 per cent to \$1.18m.

The medical division saw turnover rise 11 per cent to \$40.2m. Sales in the core pharmaceutical wholesale business increased by 8.5 per cent. Trading in the retail environment continued to be difficult, although sales

were ahead of last year. Sales of OTC products grew, but, says the company, have not reached critical mass.

The education and scientific division, which saw turnover rise 7 per cent to \$14.9m, has made several acquisitions this year, including Flowgen, Sutcliffe and Unilab. These cost \$3.4m; \$2.4m paid in cash with loan notes issued for the rest. A further \$1.25m is payable on completion of certain orders. Integration is expected to cost \$1m.

General Nutrition buys Health & Diet

General Nutrition Companies, the leading US supplements and health food manufacturer and retailer, has bought the Health & Diet Group for an undisclosed sum in cash and stock.

Health & Diet has a manufacturing and distribution arm, and a retail operation, which comprises 22 health food shops. William Watts, GNC's chief executive officer, says the acquisition

will give his firm an important base for European expansion.

Health & Diet will gain access to GNC's strong marketing and product capabilities. Health & Diet's management, suppliers' agreements and existing stores will be unaffected by the deal. GNC expects to start opening stores in the UK next autumn.

Retailers hit in space race

The creation of millions of square feet of new shop space over the next few years will put additional pressure on retail margins, according to a new Verdict market report.

The report, 'Space 2000', says that UK retailing space kept growing even during the recession, with an additional 22 million sq ft coming on stream since 1990. With consumer spending growing by just 7.5 per cent over this period, this has inevitably created problems and increased competition.

In the next five years, the report maintains that this pres-

sure will intensify with total retail sales growing by just 7.5 per cent, but with a further 23m sq ft of space coming on stream – the equivalent of 15 more 'mega malls', like Thurrock or Meadowhall. Stripping out inflation and the costs of this space expansion, Verdict forecasts real retail growth next year of around 1.4 per cent. The year after will see some improvement, but this will be followed by 'deceleration' up to 2000.

Verdict also forecasts below-average sales growth for chemists, along with department, variety and furniture stores.

Speculation over Seven Seas' sell-off

Seven Seas may be sold off by Hanson in a bid to raise \$2 billion.

Hanson is considering selling off its non-core businesses in a bid to fund the recent purchase of Eastern Group, the electricity company for \$2.5bn. Seven Seas, worth an estimated \$150 million, is one of the possible contenders for sale.

Tom Hardman, Seven Seas' marketing director, has refused to comment on the speculation in the press. Seven Seas has the largest share of the VMS market and recently fought off an attack on Resale Price Maintenance.

COMING EVENTS

MONDAY, DECEMBER 11
Southampton & District Branch, RPSGB

Visit to Coloucare, Downton, Salisbury, 7.30 for 8pm.

Eastbourne & District Branch, RPSGB

The Sara Hampson Room of the Eastbourne District General Hospital, 8pm. 'Update on current wound dressings' by Kathy Stott, pharmacist at Princess Royal Hospital, Haywards Heath, followed by Christmas quiz.

TUESDAY, DECEMBER 12
Leicestershire Branch, RPSGB

The Victory Pub, Welford Road, Leicester, 8pm. Christmas quiz evening, presented by Trish Shorrocks.

THURSDAY, DECEMBER 14
Lanarkshire Branch, RPSGB

The Old Mill Hotel, Motherwell, 8pm. 'Homoeopathy and the community pharmacist' by Dr Steven Kayne, community pharmacist, Glasgow.

Bath & District Branch, RPSGB

The Gainsborough Room, Pratts Hotel, Bath, 8pm. Christmas quiz evening.

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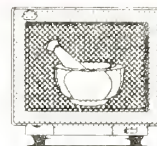
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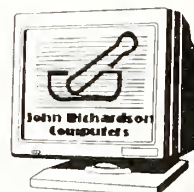


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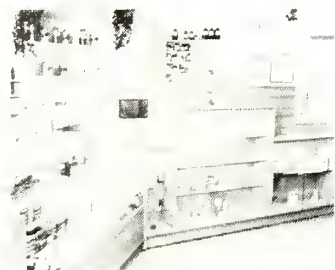
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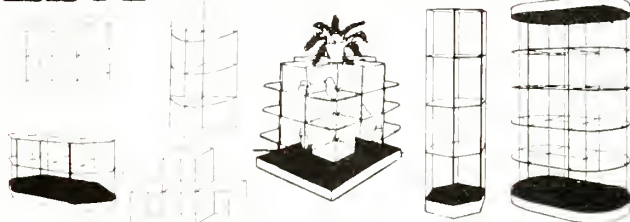
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PSNI's Lawson gains RPSGB fellowship

The secretary of the Pharmaceutical Society of Northern Ireland, Derek Lawson, is among six new fellows appointed by the Royal Pharmaceutical Society this week.

Mr Lawson registered in 1968 and has been PSNI secretary since 1983. Previously, he worked as a community pharmacist before joining Vestric, where he was involved in developing its surgical supplies business.

Also gaining fellowships were: **Peter Helyar**, principal pharmacist at the Royal Naval Hospital, Haslar, with over 35 years in the Defence Medical Service for the Ministry of Defence between 1978-80; **Douglas Simpson**, editor of the *Pharmaceutical Journal* since 1987; **Celia Timson**, deputy chief executive of Nottingham Healthcare NHS Trust, who registered in 1966 and was awarded the Evans Silver Medal in 1994 for her contribution to hospital pharmacy; **Goronwy**



New fellow, Derek Lawson

Bennett-Williams, a community pharmacist from Llandudno and member of Gwynedd FHSA since 1993; **Bridwa Chawla**, head of licensing at Fisons' pharmaceutical division, who has been with the company for 25 years and has been responsible for developing a wide range of pharmaceutical devices both for inhalation and nebulisation

APPOINTMENTS

Jane Landles will be the new deputy secretary of the Association of the British Pharmaceutical Industry from 1996. The Welsh Office has appointed **Carwen Wynne Howells** as its chief pharmaceutical adviser. From April, 1996, Medeva's new chairman will be **John Baker**.

Tosoto has appointed **Graham Lawton** as managing director. **John Parker** has become the new chief executive of Intercare.

Celsis International has appointed **Robert Perry** as president of its US subsidiary Celsis Inc.

Robinson Healthcare's chief executive **Philip Robinson** will become acting managing director until a replacement is found. **Neville Fishwick** has been promoted from marketing to business director (consumer products) and **John Hall**, previously production director, is now operations director.

Comic relief

Is it a bird? Is it a plane? No, it's Ivor Remedy, Wakefield Healthcare's very own pharmacist cartoon character.

Ivor is featured with doctor R U Well and agony aunt Iona Remedy in 'What's Up Doc?', Wakefield's children's comic packed with competitions and information on health.

The comic, part of the Help Us To Help You public education campaign, aims to educate children on the role of their local doctor and pharmacist, and it is hoped that some of the messages get through to parents. Copies have been distributed through schools, pharmacies and GPs in the area.

Keith Hyde, Wakefield Local Pharmaceutical Committee chairman, who was seconded to the campaign's working group, later played host to the comic's competition winners and the two characters at his pharmacy, Vantage Chemist in South Elmsall.

Keith Hyde with the comic characters from 'What's Up Doc?'

Top of the pops

Rock 'n roll, jive, pop ... you name it and Grey Roots can play it. As long as it's for charity.

Pharmacist Martin Atkinson and the other half of the duo, Mike Drayton, played a marathon 100 hits in six and a half hours to a packed house at Bashley Park holiday complex in New Milton, Hampshire. In the process, they raised \$2,000 for the Karen Mills Memorial Fund, which supports the Neuroblastoma Society – a childhood cancer charity.

"It was brilliant, the best gig I've ever done. It was like a big party," says Mr Atkinson, who finished the night with Gary Glitter's 'I'm the leader of the gang' – at the request of the audience!

Mr Atkinson of Sway Pharmacy has been singing and playing the guitar since 12. He teamed up with the other 'Grey Root' three years ago, mixing mid-Beatles' influences with early rock 'n roll.



Martin Atkinson (right) with Mike Drayton presenting the cheque to John Mills of the Karen Mills Memorial Fund



A charitable walk in the wilderness

Pharmacist Steven Brill has just spent a week trekking 70 miles through the Sinai Desert in aid of charity.

Mr Brill, who owns Falconers Chemist in St Albans, has already collected over \$2,500 of the \$3,000 he has been pledged. The money has been donated by customers, the local synagogue and several pharmaceutical companies. The Sue Harris Bone Marrow Campaign will be the beneficiary of all money raised.

After training with daily walks, Mr Brill spent a week in the Middle East with 77 other walkers and several camels to carry baggage. He says the adventure was an "amazing experience".

The idea for the walk originated 18 months ago when he was screened for the national bone marrow register run by the Anthony Nolan Trust. The Trust keeps a list of profiles of potential donors and is continually recruiting new names. However, it finds that many ethnic minorities are under-represented and through it Mr Brill became aware of the Sue Harris Campaign.

This charity was started by Sue Harris and works to recruit bone marrow donors from among the Jewish community – one of the groups the Nolan Trust would like to see better represented.

For more information about bone marrow donation, write to the Anthony Nolan Trust, Royal Free Hospital, London NW3 2QG.

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